A Course of Lectures ON DISEASES OF THE BREAST.

Delivered at the Hospital for Women, Soho,

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LECTURE III.

THE RECURRENT AND MALIGNANT TUMOURS OF THE BREAST.

GENTLEMEN,—In the present lecture I propose to describe those more serious forms of breast disease which tend to destroy life, either by their constant recurrence, or by involving the patient's system and producing a specific cachexia. I avoid the word "cancer," because it is so difficult to define accurately what is meant by the term. If microscopic evidence alone is to be relied on, many growths will be put down as cancer which the clinical history will exclude from that category; and even the highest authorities are not agreed as to whether undoubted cancer is a local manifestation of constitutional taint, or whether the disease is at first purely local and the constitutional affection a consequence of the local mischief. I should be inclined to group together under the term "malignant" both the forms of disease I have mentioned whose tendency is directly to destroy life, reserving the word "cancer" for those tumours which, in addition to naked-eye and microscopic appearances generally recognised as characteristic of that disease, have a clinical history showing progressive infection of the lymphatic system, leading to secondary deposits and a constitutional cachexia.

The *recurrent fibroid* or *fibro-nucleated tumour*—the chief characteristics of which are a close external resemblance to the ordinary fibrous tumour, but a tendency to recurrence after removal, with a progressive softening of successive growths—is occasionally found in the breast, and an excellent example of it has recently been put on record by Mr. Nunn. (Path. Soc. Trans., vols. xviii. and xix.) The tumour was developed in the right mamma, and measured 23½ inches in circumference, weighing 4 lb. 12 oz. after removal. The patient was twenty-eight years old and the mother of two children; and the tumour had grown in two years, ulcerating through the skin at the centre of the growth fourteen months after it was first perceived. There was no enlargement of the lymphatic glands. The tumour was removed in March, 1867; and the patient made a good recovery. The tumour was lobulated and its structure fibrous, with spindle-shaped cells in abundance. Towards the end of May the patient discovered a fresh outgrowth; and on her readmission to hospital in July a mass the size of two fists was to be seen at the site of the original tumour. On July 31st Mr. Nunn repeated the operation, but it was evident at the time that the disease had extended through the intercostal spaces and could not be entirely removed. Fresh sprouting of the growth occurred, and the patient died exhausted on October 23rd of the same year. At the post-mortem examination, no secondary deposit in internal organs was found, but the tumour was seen to have invaded the pleural cavity, forming rounded protuberances underneath the costal pleura. Microscopic examination showed the tumour to be composed of filamentous tissue abounding with nuclei, and such as would be generally classed as a fibro-nucleated tumour.

The experience of these recurrent tumours in other situations besides the breast is conclusive as to the necessity for complete and early removal, and therefore nothing less than the removal of the entire breast should be thought of when any recurrence of an apparently simple tumour takes place. Even then the prospects of the patient are as gloomy as in true cancerous disease; for the growth is almost certain to reappear, and to destroy the patient, either by the exhaustion of repeated operations or by involving the pleural cavity.

The *myeloid tumour*, whose characteristic is the large multi-nucleated cells resembling those of the fœtal marrow, is found much more frequently in connexion with bones (and especially the jaw-bones) than in the mamma. Doubts have been thrown upon the return of myeloid tumours; but, from what I have seen in the case of the jaws, I have no doubt that myeloid tumours are frequently, though not constantly, reproduced. I have never met with a case in the breast, and must therefore content myself with referring to one recorded by Mr. Paget. The patient was fifty years of age, and had an irregular tumour, between two and three inches in diameter, in her left breast, which had existed for nine months. On removal, it proved to be myeloid; and eighteen months later the patient returned with a large ulcerated tumour in the corresponding axilla, from which she died.

The forms of Cancer occurring in the breast are, scirrhus, medullary, and colloid; and their frequency agrees with the order in which I have placed them, scirrhus being more common than medullary disease, and colloid cancer being of rare occurrence.

Scirrhus or *hard cancer* is rarely seen before thirty years of age, and may appear at any period after that, but about fifty is the most common age for the disease to show itself. Unmarried women appear less liable to the disease than married women. Thus, of 260 cases of scirrhus given by Mr. M. Baker, 23 per cent. were in single women, 72 per cent. in married women, and 4 per cent. in widows; and consequently, as Mr. Paget remarks, the percentage among single women is smaller than in the female population generally. Commencing as a small nodule, so painless at first that it is often overlooked for some time, the disease slowly increases in the majority of cases, though occasionally, in what has been termed acute scirrhus, the increase is rapid. Soon, as a rule, pain is experienced in the tumour, of that peculiar lancinating or stabbing character which is often looked upon as pathognomonic; but it must be remembered that absence of pain is by no means conclusive as to the non-malignancy of the tumour, since some cases of scirrhus run their course with little if any suffering. As the tumour increases, the tendency to involve and drag upon the surrounding tissues is developed: and thus, if the disease is central, the nipple becomes retracted and fixed; or if peripheral, the skin overlying it is bound down and dimpled. Lymphatic enlargement now takes place, the glands along the axillary border of the pectoral muscle being those ordinarily affected, though the glands above the clavicle are also liable to infiltration, particularly when, as Sir Astley Cooper has remarked, the original disease is on the sternal side of the nipple, so that the internal mammary lymphatics become the means of conveyance of the morbid material.

Ulceration of the retracted skin is the next pathological feature, and there is, I think, more variation in this than in any other part of the disease. In some cases the ulceration is so slow, and the consequent discharge so slight, that the patient is able, for months and even years, to conceal her malady from her nearest relatives and friends; whilst in others the ulceration proceeds with rapidity, and extends either widely or deeply—for it rarely does both. The depth to which scirrhus may penetrate is of course limited only by the pleural cavity, perforation of which has been often witnessed; but to the extent to which scirrhous ulceration of the skin may reach there is really no limit save the vital powers of the patient. Thus, a fortnight since, I saw a woman, in very fair general health, with an enormous ulcerated surface on the chest and axilla of the size of a plate, which showed no tendency to become arrested but by the death of the patient.

By the time the skin over a scirrhous breast has become at all extensively ulcerated there will in most cases probably be some amount of constitutional cachexia produced, particularly if enlargement of the lymphatic glands has been an early symptom in the case. Added to this, we have the œdematous and painful condition of the arm due to obstruction of the axillary vein by the cancerous deposit; and the patient is at last worn out with the pain and suffering acting upon a lowered vitality. The duration of a case is affected very much by the age and constitution of the patient, its course being slower in the older and less plethoric individual; but the dictum of Sir Astley Cooper may be considered a fair one, taking the average of cases—namely,

two years for the full development of a scirrhous breast, and from six months to two years longer for a fatal termination to the case. Instead, however, of running its ordinary course, the disease may become arrested in its progress by a form of atrophy, and the patient may then live for years, and die from disease unconnected with the breast. It is, so far as I have seen, in thin elderly women that this atrophic scirrhus is found; and it may happen, as in a case recently under my care, that the disease will suddenly light up afresh, as it were, and its renewed activity will require immediate operative interference.

In these cases, and also in other cases of scirrhus, particularly (in my experience) those in which the primary disease has been removed with success and without return in the breast, we meet with growths of cancer in internal organs—such as the liver, stomach, or uterus,—which may be taken as evidences of a constitutional taint consequent upon or antecedent to the primary disease, according to the pathological creed of the surgeon. Development of cancer in an internal organ is, however, ordinarily so much less painful a cause of death than open cancer of the breast, that this well-known liability to the development of internal cancer ought to form no bar to operative interference in suitable cases. In addition, moreover, to these well-recognised positions of cancer, I have once seen a patient, whose breast had been removed some months before, covered all over with small cancerous tubercles of the skin, varying in size from a pin's-head to a medium-sized button; and as there was ptosis with strabismus on one side, together with symptoms of brain disturbance, I have no doubt that a cancerous tumour was developed in the brain which pressed upon the third nerve, though I was unable to procure a post-mortem examination.

Medullary cancer is much more rapid in its course than scirrhus, often destroying life in a few months. As might be expected from the differences in structure of the two growths, the medullary tumour is larger, softer, and more succulent than the scirrhous cancer. Its tendency to infiltrate the neighbouring tissues is much greater; and hence, when the skin gives way, it is by a process of sloughing, or very rapid ulceration, leaving a chasm through which protrude masses of soft bleeding cancer, giving the appearance characterised as true *fungus hæmatodes*. Any rapidly-increasing solid tumour of the breast must be viewed with suspicion, and more particularly if the veins running over it are much engorged, and if there is enlargement of the neighbouring lymphatic glands. In this form of disease there is much greater probability of a development of secondary tumours in other parts of the body than in scirrhus; thus not unfrequently patients suffering from medullary breast are carried off by some acute chest attack, when secondary deposits are commonly found in the pleura and lungs.

Colloid cancer is exceedingly difficult of recognition prior to removal—in fact, almost all the examples of it have been mistaken for some other disease. The disease wants the hardness which is so characteristic of scirrhus, and is less rapid in its growth than medullary cancer, the lymphatics being also more slowly affected. A good example of colloid tumour of the breast, with a secondary tumour in the axilla, of five years' growth, is recorded by the late Mr. Price in the 8th volume of the Pathological Society's Transactions, and has appended to it an elaborate report upon the microscopic structure of the growth, by Dr. Andrew Clark.

A section of a recent scirrhous tumour shows a dense white structure, the fibrous nature of which is at once obvious to the naked eye. On scraping it a whitish juice exudes, and this under the microscope shows an abundance of cells, with nucleus and nucleolus, which may be considered to be the so-called cancer-cell. I have the advantage of showing you Mr. Arnott's beautiful drawing of the microscopic appearance of scirrhus, and I cannot do better than quote his own description. The drawing shows "the typical form of hard cancer—i.e., cells of an epithelial type, of varying size and shape, but with tolerably uniform (and usually single) large nuclei closely packed in the meshes of a stout fibrillated stroma, without any visible cellular elements." The proportion of cells to the fibrous stroma it is that determines the character of the growth, for if the cell element preponderates over the fibrous, we have the more vascular form of medullary cancer or encephaloma; whilst if the cells have degenerated, and the fibrous interspaces are filled with a little fatty fluid only, we have the atrophic scirrhus.

There is, then, no special microscopic appearance by which medullary cancer can be distinguished from scirrhus, except by considering it as a whole, and here the naked-eye appearances and clinical history assist us much. The brain-like texture, the great vascularity, and the rapid growth and invasion of surrounding structures, enable us to recognise encephaloma in almost all cases. It is remarkable, as showing how one form of cancer runs into the other, that the secondary deposits in the axillary glands and internal organs after scirrhus of the breast partake more of the medullary or soft form of cancer than the hard; and, in fact, Mr. Arnott's illustration, which I show you, is taken from an axillary gland. This fact is not so surprising, however, when we find that, as the recent researches of MM. Cornil and Ranvier have shown (by means of nitrate of silver as a reagent), the lymphatics communicate directly with the interspaces in the fibrous stroma of scirrhus in which the cells are lodged. It is not surprising, therefore, that the cell element should predominate in the secondary deposits thus produced.

The structure of colloid cancer is unmistakable, a section showing the loculi filled with gelatinous material of various shades of colour which are so characteristic of the disease. Microscopic examination shows a delicate fibrous stroma, enclosing in its meshes cells, of which some are round or oval, mononucleated, and having within the outer cell-wall several very delicate concentric lines, giving to the cell somewhat of an oyster-shell appearance (H. Arnott). Other large polynucleated cells are found, and also an arrangement of the stroma in concentric circles, enclosing a number of nucleated cells, and having nuclei interspersed among the concentric layers of tissue.

Few persons in the present day would deny the hereditary nature of cancer, though the late Mr. Charles Moore held that the disease "should rather be styled heritable than hereditary," since he believed that the failures in transmission were more numerous than the occurrences. Yet Paget records that of 322 cancerous patients there were 78, or very nearly one-fourth, who were aware of cancer in other members of their families. And there are many well-known cases of numerous members of one family being affected with cancer, of which perhaps the best example is that recorded by M. Broca, of a family, in five generations, of which sixteen persons out of twenty-six died of cancer in its various forms. General experience may, I think, be fairly summed up in Mr. Paget's words: "Every year's experience in practice among persons whose family histories are known makes me more sure that inheritance is the great power in the production of all diseases that are not of distinctly external origin, and among these of cancer."

The transmission of cancer is not necessarily to the same organ as in the ancestor; in fact, Mr. Paget's tables go to show the contrary to be the rule, for of 61 cases, in only 27 the cancer in the descendant was in the same organ as in the direct ancestor, whilst in 34 it was in a different part. On the other hand, many cases have been known of the same organ being affected in many members of one family—e.g., the Middlesex Hospital case of a mother and five daughters all having cancer of the left breast. A remarkable fact in this case too is that each daughter was successively attacked at an earlier age than the one next above her, the disease appearing to increase in intensity in the children as they were born nearer the time when the disease showed itself in the mother. In other cases, where the disease has been traced through three generations, it has been noticed that the daughter was attacked at an earlier age than her mother, and she again than the grandmother.

Mr. Moore, in his paper on the "Antecedents of Cancer," endeavoured to show that the elder children of a cancerous mother were more liable to the disease than the younger ones; but this is contradicted by the statement given above, for it is evident that the children born nearest the outbreak of cancer in the mother would be most likely to inherit the constitutional taint. Moreover, although it may happen that in a given number of cases the elder children are affected, it must be remembered that, having been born when the mother was in good health, they have had stamina sufficient to live long enough for the cancer to show itself, whilst their younger brethren have possibly died before the

disease appeared. Mr. Moore's observation, if correct, that cancer affects the otherwise healthiest members of a family, would confirm this view, for a certain amount of healthiness is essential for the longevity required for the development of cancer in the elder members of a family.

Cancer of the breast is by no means incompatible with pregnancy. Thus in the early part of 1869 I was consulted in the case of a patient who had advanced cancer of one breast, and also a tumour (doubtless cancerous) of the ilium, who was pregnant. She went her full time, and gave birth to an apparently healthy child, which is now alive and well, and has survived its birth five months. The prospects of a child born under such circumstances one must conclude to be very bad, and he is the youngest of a large family, all apparently in good health. Women have been known even to suckle with a cancerous breast, but such a practice ought not to be permitted by the surgeon. An interesting example of a scirrhous tumour, complicated with lacteal tumour from this cause, has been recorded by Mr. John Wood. (Pathological Transactions, vol. xix.)

The treatment of cancer of the breast must necessarily be influenced by the opposite pathological views already referred to. The surgeon who holds that the local tumour is merely an evidence of constitutional dyscrasia will busy himself with endeavouring to counteract the morbid conditions of the system by medicines, and will be content to leave the local manifestation alone, or at most endeavour to disperse the local mischief. With this object he may employ iodine locally, and internally in the form of iodide of potassium; he may apply bromine in the form of a tincture (as recommended by the late Mr. Colles) to enlarged glands or infiltrated skin, and give the bromide of potassium internally; he may apply cooling lotions or freezing mixtures to the tumour, in order to retard its growth, or may make use of pressure in its varied forms to procure possible absorption; and he will almost certainly be disappointed, and find that the disease makes unmistakable and fatal progress notwithstanding. I say nothing of the various orthodox and quack plasters which are from time to time recommended for the *cure* of cancer, for the subject is beneath notice. At this very moment there is, I know, a foreigner in London who professes to have discovered the long-looked-for "cure-all," and has been allowed, I regret to hear, to try his discovery on the patients of one metropolitan institution, but without any special result.

On the other hand, if the surgeon is convinced that the disease, although the result of hereditary taint, is at first localised in the organ it attacks, but tends to spread in the tissues and affect the system generally through the lymphatics, he will endeavour to rid his patient at as early a moment as possible of the source of mischief, and will thereby, in my opinion, be giving her the best chance of prolonged life and comfort. Of course there are cases in which no judicious surgeon would advise any local interference at all; and it will be convenient, before considering the methods of operating on cancerous breasts, to note what are the circumstances favourable and unfavourable for such interference.

The most favourable concatenation of circumstances is when in a middle-aged patient, of robust health and moderate *embonpoint*, there is a small scirrhous tumour in the neighbourhood of the nipple, which, though retracted, is not ulcerated, while the skin over the breast is healthy and loose, and the axillary and cervical glands are unaffected. From this standard every degree of divergence is met with, and since every surgeon must use his knowledge and experience in deciding as to each individual case, it necessarily follows that differences of opinion will arise in certain cases even among the most distinguished surgeons. There is, however, little difficulty in arriving at the opposite extreme—i.e., the cases which ought *not* to be interfered with; and these by common consent are, rapidly-growing tumours, with great infiltration of the skin, and extensive implication of the glands; cases where other tumours exist, and particularly in the opposite breast; where cachexia is already well established; or where the skin is extensively ulcerated.

The question of local interference in diseases of the breast involves the more important and somewhat disputed question whether the tumour alone, or the entire breast, should be removed. If we believe that cancer has a tendency to spread through the neighbouring tissues, and thus reproduce itself, it is obvious that a complete removal of the organ in which it commences is best, and I am astonished to find that in the present day there should be an attempted reaction in favour of excising the tumour only in cases of cancer of the breast. There may be cases occasionally where the disease is localised in the outer margin of the breast, and is in a very early stage, in which the patient is loth to submit to the more serious operation, and the surgeon may then be justified in excising the tumour, with some of the surrounding structures; but he should for his own credit's sake explain that the operation is necessarily an incomplete one.

It was pretended at one time that caustics could be applied so as to remove the diseased structures, and leave the healthy; but even the most ardent supporters of that method must allow that the tissues are destroyed indiscriminately by the chemical agents placed in contact with them. The advantages claimed for the caustic treatment by its modern upholders were, the diminution of risk to the patient, the painless character of the proceeding, and the more thorough removal of disease produced by it. With regard to the first point, the immediate danger of an operation (which in the case of the breast is but slight) is certainly obviated, but the after-risks are increased; the patient being liable to exhaustion from prolonged suffering and discharges, and also to the not unfrequent occurrence of inflammatory attacks on the chest, due apparently to the action of the caustic. In respect of pain, there can be no question of the balance being against the caustic, the burning wearing pain of which is infinitely greater than that experienced *after* an operation performed under the influence of anæsthetics; whilst the removal is really no more complete and thorough than can be obtained from a carefully performed operation, particularly if combined with the use at the time of some chemical solvent of the tissues, as recommended by Mr. De Morgan. The cases most suitable for the caustic treatment are open cancers and cases of recurrent growth, and the applications in most common use are the chloride and sulphate of zinc, made with flour into a paste, which should contain a small quantity of morphia so as to deaden the pain of the application. If the skin is not already ulcerated, it must be destroyed with nitric acid, since it resists the caustic paste. The caustic is best applied on strips of lint, and is pressed firmly against the sore. When the surface has become converted into a gray insensible mass, incisions are to be made through it into the living textures beneath, and into these cuts strips of lint, smeared with the caustic paste, are to be laid. By repeating this operation again and again, the entire breast may be caused to slough out, leaving a large wound, which takes many weeks to granulate up.

In amputating a breast, it is, I believe, most important to remove all skin, fat, and cellular tissue which may possibly contain cancer-cells; and if the growth is adherent to the pectoral muscle, there should be no hesitation in removing some depth of its texture, so as to be well beyond the influence of the disease. The incisions necessary for removing a breast cannot properly be limited to the ordinary elliptical incisions above and below the nipple; for the skin may be involved in other parts, and if any diseased portion is left the operation is useless. Any enlarged glands in the axilla should be removed at the same time; and there is, I find, no difficulty in clearing away all that is necessary in this region, without danger of hæmorrhage, by employing the finger freely to enucleate the glands, rather than by dissecting them out with the knife. The free use of a strong solution of chloride of zinc to the whole of the wound is, I think, decidedly advantageous in destroying any remnants of disease in the surrounding tissues; and the occurrence of suppuration during the process of healing seems to be of advantage, rather than otherwise, in the same direction.

The hesitation in removing sufficient skin, which has doubtless rendered many operations on the breast abortive, has to a great extent been obviated by the recent suggestion of M. Reverdin to transplant small portions of healthy cuticle from other parts of the body to the granulating sore left after a free removal of skin. The islands of skin set up by a successful skin-grafting of this kind certainly favour the healing of the wound, and obviate to some extent the painful dragging of the cicatrix so often seen. In a case of my own I was able to transplant five portions of cuticle from the arms to the granulating surface a fortnight after an

extensive removal of the breast, and the case did remarkably well.

The results of operations for cancer of the breast vary of course considerably according to the nature of the case and the previous health of the patient. The operation itself is a remarkably successful one as regards immediate danger to life, although every surgeon must occasionally lose a patient after this, as after every other surgical proceeding, even the simplest. But, in stating the risk to a patient, one has the satisfaction of pointing out that in all probability great relief from immediate suffering will be obtained, and a possible immunity from return in favourable cases. With regard to the prolongation of life as influenced by an operation, professional opinion has undergone a change within the last few years. It was thought by many surgeons that, though comfort was gained by an operation, yet that life was shortened; but the elaborate tables of Mr. Sibley and Mr. Baker, published in the Medico-Chirurgical Transactions, show a different result. Mr. Sibley, whose statistics are drawn from the records of the Middlesex Hospital, states that "in the cases of cancer of the breast, those who had been operated on lived 53 months, whilst those in whom the disease was allowed to run its natural course lived only 32 months." Mr. Baker, whose data are drawn from Mr. Paget's experience, says "the average length of life in scirrhous cancer is 43 months when the primary disease is not removed, and 55 months when the operation is performed; whilst in the case of medullary cancer the results are even more striking, being 20 months without, and 44 months, or more than twice the time, with an operation." These results are sufficiently encouraging, and probably the statistics of operation cases may prove more and more satisfactory as both the profession and the public become convinced of the necessity for an early and complete removal of cancerous growths.

With regard to the average date of recurrence of cancer, the greater malignancy of the medullary cancer is again seen, that disease ordinarily recurring within one year, whilst scirrhus does not reappear till the second year, the average times given by Mr. Baker being nearly 14 months for scirrhus, and 7 months for medullary disease.

ON CATARRH OF THE HUMAN BLADDER.

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(*Translated by* J. P. STEELE, B.A., M.D. Edin.)

(*Concluded from page* 818.)

BEFORE we proceed to the mode of treating this abnormal condition of the uro-genital system, we must refer to some salient points which occur in the disease under consideration. It is impossible to hold quite apart from each other the two abnormal conditions—the morbid sedimentary deposit and the catarrh. In the majority of cases they go so completely hand in hand that they cannot be described separately.

In those cases in which the vesical catarrh is accompanied by pain in the kidney and characteristic renal colic, we may assume with confidence that the sediment formation has already been going on in the kidney, while the sediments reach the bladder through the ureters, and so produce catarrh everywhere in their course, affect the investing capsules and pelvic cavities of the kidney, cause the kidney itself to swell, and produce in it an abnormal hyperæmia, without any substantial ailment of the kidney being demonstrable. In this way we should represent to ourselves the origin of a *diathesis*, whatever may be its substratum.

From a cause unknown to us, there are produced in the kidney superfluous triple phosphates, which are carried down into the bladder. From another cause, likewise unknown to us, superfluous uric-acid salts are contained in the kidney and carried down into the bladder. In these cases an otherwise healthy urine gives rise to the most excruciating pains. In the other case, again, there is a morbid and putrescent urine, which at one time produces bone-earth, at another the uric-acid salts.

As soon as the urine, after being collected, shows the alkaline reaction, we may be sure that the process has been going on in the kidney; but when the first collected quantity is acid, and the last collected is alkaline, we may, in the case of pre-existing triple phosphates, conclude that there is a formation of these sediments in the bladder itself. We are justified in the conclusion that the vesical catarrh is the primary, and the sediment-formation is the secondary disorder; while in the first case the sediment-formation is the primary, and the catarrh is the secondary malady. We may here make mention of two striking cases which confirm our view of this disease.

Immediately after a very vigorous erection, a man in the most lusty old age felt stinging pains in both kidneys, with the most pronounced symptoms of renal colic. For ten years, with the above-described diathesis, he suffered from abnormal bone-earth deposit, spent whole nights in high fever with distinct strangury, could not pass his urine without considerable pains, and, when it did take place, only in drops. During twelve hours he has scarcely passed two ounces of urine. The catheter, seven-eighths in diameter, though passed without pain into the bladder, brought off no urine. The violent pains, the high irritability in the region of the kidneys, necessitated, in this robust case, the employment of twelve leeches after opiates had been administered in vain. After six hours more a copious sweat set in. The patient slept, but was awoke by a violent scalding urinary pain, and passed two conically-pointed pea-sized concretions, which on close inspection contained pure triple phosphate cohering by epithelium. These sediments had remained fixed in both ureters, had stopped the flow of the urine, had produced strangury by their irritation, and had doubtless been formed in the kidney itself.

A second case was that of a vigorous man of fifty-one who had suffered from substantial stricture of the urethra. It affords proof that a quite similarly constituted concretion was formed in the bladder, as it was considerably larger than the previously mentioned one, without having any renal symptom in consequence. Owing to the widening of the stricture by urethrotomy it was ejected with the first dense stream of urine from the bladder. It had not the conical shape of the first-mentioned concretion. On examination it was found that, besides this concretion, there was not to be discovered a single trace of any other stone in the bladder.

A dangerous symptom in the case of this concretion deserves the peculiar attention of the practitioner—to wit, the swelling of the urethra, which is capable of simulating a stricture in its full significance, often lasts for a week, and originates purely from the irritation of the urethra by the crystals.

Distinguished surgeons have been misled as to the nature of this swelling, having confounded it with a substantial stricture. The variation in density of the urinary stream must be taken into account. In the so-called organic strictures variations in the density of the urinary stream occur but seldom; in the soft strictures, if we may so designate them, the density of the stream alters from day to day, even from hour to hour. Indeed, the passage of the urine may be totally suspended for hours, and even for two days.

The introduction of the catheter is in certain cases very difficult; the elastic catheter is simply not to be passed, the metallic one only with the greatest dexterity and caution. On this circumstance, also, but very little attention has been bestowed in monographs on uro-genital maladies. We could cite some cases in which *periculum in mord* was present through this swelling of the urethra, and in which the death of the patient might very easily have been brought about if reliance had been placed on the assertion of the patient, who denied *in toto* the presence of a stricture. Such a swelling was produced in an individual affected with a vesical catarrh, and the above-described sedimentary formation. He felt one day after micturition an acute pain in the latter third of the urethra, the sensation being like that of an impacted foreign body. He was nervous, particularly from the fact that he had often urinary distress, and could not void a drop of water. This condition lasted from three in the morning till ten in the forenoon. He took a bath, but micturition was impracticable; surgeons being called were as unsuccessful as himself in introducing the catheter; while the bladder became more and more distended. In consequence of the attempted catheterism hæmorrhage of the urethral mucous membrane was caused, but no urine came. By a gigantic effort in the bath there was pushed out of the lower fourth of the urethra a plug of the bulk of a middle-sized leech.

A CASE OF

POPLITEAL ANEURISM BURSTING INTO THE KNEE-JOINT; AMPUTATION; DEATH.

BY R. A. JAMIESON, M.A.,

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FILIPPO F——, a Spanish sailor from Manilla, was admitted to the Hongkew Hospital under my care on August 30th, 1870. He was brought in a hammock by two coolies, being quite unable to walk. For a month he had been living at a boarding-house for coloured seamen—a miserable den where neither good food nor adequate shelter could be obtained. As he spoke neither English nor Chinese, it was very difficult to get a history of his case, added to which he was, from exhaustion, hardly able to articulate. I found out, however, that he had been employed as an ordinary seaman in one of the coasting vessels, and had suffered much from exposure. Some days previous to admission, while staying on shore, he had fallen heavily on the left knee, and since that time he had never been free from pain. Four days or so before he was brought to the hospital his knee and leg had swollen so much, and had become so painful, that walking or resting on the limb was no longer possible. A Chinese physician had visited him and had surrounded the knee with a resinous plaster, which remained when I saw him, and which I had much difficulty in removing with spirits of wine.

On examination the leg was found highly œdematous, the knee enormously swollen, the skin glazed and extremely sensitive to the touch. The temperature from the hip to the foot was much higher than on the right side. The limb was semi-flexed, and the joint immovable. The patella was distinctly to be made out, and the swelling extended to the limit of the synovial membrane under the quadriceps extensor. The femoral artery was felt feebly beating on the front of the thigh; the tibials could not be felt, but this I attributed to the great œdema. There was no pulsation or special swelling in the popliteal space. The man's general condition was as bad as could be: tongue dry and brown; pulse 130; bowels confined; no appetite; intense headache and thirst.

I believed that I had to deal with a case of acute synovitis probably running rapidly into suppuration. I accordingly ordered the patient to be put to bed with the limb carefully supported by a frame and pillows; eighteen leeches to be applied round the joint, followed by cold irrigation; a castor-oil enema to be administered at once; a grain of opium at night; twenty minims of tincture of perchloride of iron three times a day; and milk, rice, and cold beef-tea freely. Next morning the pain had diminished, but had been so severe during the night as to prevent sleep. The treatment was continued until September the 3rd, the constitutional symptoms abating, but no improvement taking place in the limb. The pain and consequent irritability were, however, kept down by the irrigation, as I discovered when it was accidentally neglected for an hour. Next day (September 4th) severe and continued rigors came on. Warm fomentations were applied to the joint, the dose of iron was doubled, and four grains of quinine added to each; generous diet, with a pint of stout twice a day, was ordered, and the patient, who had gained and kept his appetite, seemed about to improve. The pulse, however, continued at 130.

Sept. 5th.—No rigors. Otherwise as before.

6th.—Intense pain and fever; no appetite; pulse too frequent to be counted; rigors extremely violent and frequent. I explained as best I could that there was very little chance for him under any circumstances; that he would die if let alone or if the joint was evacuated, and that the only slight hope lay in amputation. He at once agreed.

Early the next day I amputated, by the circular method, at the junction of the upper and middle thirds of the femur. My friend, Dr. F. C. Sibbald, so effectually compressed the artery against the brim of the pelvis that no blood was lost. The patient, however, never rallied. Stimulants were constantly administered all through the day and night in minute quantities; but as soon as a few drachms accumulated in the stomach vomiting came on. He died the following morning.

On examination of the limb, I found the entire popliteal space full of semi-coagulated blood. The ligament of Winslow had been eroded in its central portion, so that the finger passed directly into the joint from the popliteal space. The joint, from the articular surface of the tibia to the apex of the synovial cul-de-sac, was tightly distended with blood, partly fluid and partly coagulated to a slight degree. Nowhere was there any true aneurismal sac distinctly recognisable. Tracing the popliteal artery downwards, it was found to open into the cavity about two inches from the termination of the femoral. The vessel was again distinguishable, but soft and friable about half an inch above the commencement of the anterior tibial. The popliteal space on the posterior surface of the femur was rough, and deeply stained, and the articular surface of the condyles was of a bright-pink tint, fading out towards the centre.

The error in diagnosis was somewhat mortifying, but it will be acknowledged that the case presented difficulties, and that the error in nowise brought about the fatal result. There can be no doubt that the aneurism was of old standing, and had long been productive of suffering attributed most likely to rheumatism. The fall probably determined the rupture, which must have been extremely small, or else partially blocked up by a clot from the first. The ligament of Winslow had been eaten through before, and the gradual but steady filling of the joint gave rise to the severe local and constitutional symptoms.

Shanghai, February, 1871.

EFFECTS PRODUCED BY ORDINARY DOSES OF THE HYDRATE OF CHLORAL.

BY H. AUBREY HUSBAND, M.B., M.C., M.R.C.S.

As the precise value of hydrate of chloral in the treatment of disease is still undecided, I venture to describe an interesting case that has just occurred in the course of my practice.

Mrs. H——, aged fifty-six, a patient at the Holloway and North Islington Dispensary, sent for me on the 25th January. I found, on visiting her, that, for some time, she had been under treatment for what she had been told was "congealed womb"; but, being unable to continue her payments for medical attendance, she had been compelled to seek gratuitous aid from the dispensary. For the last two or three years a tumour had been growing in the region of her womb, and had made its appearance soon after she ceased to menstruate. About six months ago she first sought medical advice, in the hope of being relieved from the severe darting pain experienced in the part; and my examination showed me that she was suffering from a profuse and offensive discharge from the vagina. The pain at this period was so acute that she declared it to be unendurable, and begged for relief at any risk. I at once ordered the vagina to be syringed at stated intervals with a decoction of poppy-heads; a pill, containing one grain of the cannabis indica and a quarter of a grain of morphia, to be administered night and morning. For some days her suffering was relieved by this treatment; but on the 11th of February it became necessary to increase the dose of morphia to half a grain, to be taken as previously mentioned. On the 18th, the morphia having then failed to procure rest, twenty grains of the hydrate of chloral were administered by my orders, instead of the pills. In consequence of an increase in her sufferings, the chloral was increased on the 26th to half a drachm; and this dose was continued till March 1st, when she became covered from head to foot by a red eruption, accompanied by fever and great irritability of the skin. This extraordinary appearance continued for several days, and then the skin began to scale off in a manner similar to that seen in scarlet fever. A few days after the appearance of the eruption I showed the case to my friend Dr. Fell, who compared the state of the skin to that sometimes presented by persons who have eaten shell-fish. She was attacked on March 23rd by profuse hæmorrhage from the uterus, and died from exhaustion in the course of the day.

Destitute House, Stroud-green-road, April, 1871.

REPORT OF A CASE OF

COMPOUND FRACTURE OF THE SKULL FROM A KICK BY A HORSE; RECOVERY.

BY EDWARD GOVETT, M.R.C.S. ENG., M.M.B. VIC.

A SHORT time since I received a telegram to proceed to Penshurst, a place about twenty miles distant from this town. On arrival I found a little girl, two years of age, in a state of complete coma lying on her mother's knee. The breathing was quiet and regular, and without stertor. She had been kicked by a horse, and the seat of injury was the left parietal bone, which was broken through in two places, with corresponding openings in the scalp, from one of which brain-substance had escaped to the size of a walnut before I arrived, and was still escaping; the bone was considerably depressed at both points of injury.

The result of the treatment I adopted tends more to show the *vis medicatrix naturæ* than any case that has ever occurred to me during twenty-three years' practice. In the first place I removed a considerable quantity of brain that was exuding, and then proceeded to relieve compression by raising the depressed bone with an elevator. I applied no strapping nor sutures, but simply dressed the parts with lint and cold water. On the following day an aperient was administered, and the cold water treatment rigidly carried out. The child gradually recovered consciousness, but it was found that there was loss of speech and paralysis of the right side; this state of things, however, gradually subsided, and at the end of six weeks the little girl walked up to, and shook hands with me, having apparently neither mental nor physical impairment, and had quite recovered speech. She continues well.

I record this case for the sake of showing, as Gregory says, that "alma parens naturæ rerum prolem nunquam desérit," and that "Nil desperandum" should be our motto.

Hamilton, Victoria, Australia, March 25th, 1871.

A Mirror

OF THE PRACTICE OF

MEDICINE AND SURGERY

IN THE

HOSPITALS OF LONDON.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum, tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

LONDON HOSPITAL.

RIGHT HEMIPLEGIA WITH LOSS OF SPEECH, DUE TO RED SOFTENING OF THE BRAIN.

(Under the care of Dr. LANGDON DOWN.)

FOR the notes of the following cases we are indebted to Mr. Stephen Mackenzie, the resident medical officer.

Thomas H——, aged twenty-eight, was admitted on the 2nd June. From an account subsequently obtained from his brother, it appeared that the patient had, about five days previously, complained of numbness in his right hand. He went to work on the day of admission apparently as well as usual. About midday he returned home limping, and with his right arm hanging helplessly by his side. When asked what was the matter, he replied that "he supposed he had got the paralysis." When admitted very shortly afterwards, it was observed that he was hemiplegic on the right side, but that his speech was unaffected. He was dull in intellect, but, in reply to questions, stated that the hemiplegia came on suddenly, and without any loss of consciousness, while he was at work. In the evening the power of speech was still unimpaired, but there was a good deal of mental hebitude. On auscultation, an aortic obstructive murmur was detected. On the following morning he was found to be quite speechless. This change had taken place without the occurrence of anything to attract the attention of his fellow-patients, with whom he had shortly before been conversing. When asked to do so, he put out his tongue, and moved his eyes in any required direction. After continuing in this state for two days, during which he had constant vomiting, headache, and constipation in spite of croton oil, he had a convulsive seizure, and died an hour later.

There had been no elevation of temperature in either axilla; his pulse varied between 95 and 76; his breathing was neither hurried nor irregular.

At the necropsy, made on the following day, Dr. Hughlings Jackson found red softening of the anterior lobe of the left side of the brain, where was a softened cavity of irregular shape and of about the size of a hazel-nut. The third frontal convolution was not obviously affected, and the ganglia at the base were normal. The branches of the middle cerebral arteries on this side were opaque here and there from some "deposit," but no plugs were discovered. The aortic valves were thickened, and the aorta itself was extensively diseased. The lungs were emphysematous. The other viscera were healthy.

A CASE EXHIBITING AN ERUPTION, AT ITS ONSET VERY CLOSELY RESEMBLING VARIOLA.

(Under the care of Mr. JOHN COUPER.)

A short time since, Mr. Mackenzie was called to the bedside of a woman, twenty years of age, who was under treatment in the venereal ward for gonorrhœa. Previous examination had failed to discover any evidence of syphilis. She appeared, however, to be three months advanced in pregnancy, and expressed her belief that such was the case. She had vomited early in the morning on several occasions since her admission. On the previous day an eruption had appeared on the face, and, as there was considerable constitutional disturbance, it was thought possible that she might be suffering from small-pox.

She stated that she had felt out of sorts for several days, that two days previously her throat became sore, and that, the day before, an eruption had come out on her cheeks. Her eyes felt sore and watered a good deal, and she became very feverish. She had had no shivering. She complained of great pain in the back and limbs, and had vomited in the early morning. She was thirsty, and had sweated a good deal. Her skin was hot and moist, her temperature 101°F., her pulse full and quick, and her tongue furred. Scattered over her face was a bright-red roseolar eruption, the spots of which were disseminated over the forehead and chin, but aggregated together in patches at the inner side of each cheek. There was a similar eruption on the neck and arms, but none on the trunk or lower extremities. The eruption disappeared on pressure, and was nowhere raised above the level of the skin. On looking into the mouth, it was observed that there was a similar eruption scattered over the mucous membrane of the hard and soft palate, uvula, and pharynx. On the evening of the same day, she felt still more ill and feverish. She had not vomited again, but the pain in the back was severe. The pulse was 108, the respiration 28, the temperature 102·3° F. The eruption had now extended to the trunk and lower extremities, whilst that on the face and elbows was more confluent, and the spots composing it had become papular, being distinctly raised above the skin.

The diagnosis now was exceedingly difficult; the evidence in favour of variola and syphilis being pretty equally balanced. The evidence in favour of variola was as follows: After feeling indisposed for a few days, she had a sore throat, and on the following day an eruption, at first roseolar, and later papular, which made its appearance first on the central parts of the face, and, in the course of twenty-four hours, extended downwards to the lower extremities, and was accompanied by a well-marked eruption on the throat. Co-existing with the eruption were, watering of the eyes, thirst, fever, pain in the back, and vomiting. The patient denied having had syphilis, and there was no evidence to show that she had. Against variola, and in favour of syphilis, were the facts that she had been vaccinated three weeks previously, the arm having taken satisfactorily in three places; that the vomiting and pain in the back might be due to pregnancy; that she had had no rigor; that she might have contracted syphilis without knowing it,

either by contagion or through the fœtus she carried; and that she had not been, so far as was known, exposed to the contagion of small-pox. As, however, the onset and character of the eruption so closely resembled variola, no definite diagnosis was made that evening, and it was expected that the morning would settle the difficulty.

On the following morning the eruption had altered considerably, and the anxiety about its being small-pox was removed. The colour was much less vivid, and it was now nowhere raised above the surface. The constitutional symptoms had also abated. The patient was no longer feverish; her pulse was 102, her respiration 28, and her temperature 98° F. She still complained of sore-throat, and the eruption on the mucous membrane remained distinct. The rapid subsidence of the rash and the symptoms left it pretty clear that it was not variolous, for the confluence of the eruption on the face and hands would have indicated a form of disease so severe as to be incompatible with such rapid fading.

In the course of the two subsequent days the eruption so far receded that the only trace of its former severity was an indistinct roseolar blotching of the skin.

A further careful examination was made without the discovery of any existence of syphilis. The eruption entirely disappeared within the next few days. Mr. Couper therefore came to the opinion that it could not have been due to syphilis, and thought that it was probably attributable to vaccination.

ST. GEORGE'S HOSPITAL.

TWO CASES ILLUSTRATING THE DIAGNOSIS BETWEEN APPARENT AND REAL INTRACRANIAL DISEASE.

(Under the care of Dr. JOHN W. OGLE.)

CASE 1.—W. W——, aged twenty-four, had been many years in India, and had had rheumatic fever three times. He had been in the habit of taking a great deal of stimulant. He had been much subject to headache and vertigo, and had had three "fits," preceded by headache. He had also been subject to severe pain at the epigastrium, and very frequently had had vomiting of food. For a month before admission he had vomited everything, he said, except brandy and soda-water. For some days after he came to the hospital he could only walk in a staggering manner, but otherwise there was no detectable alteration in muscular power, and this appeared to arise from giddiness. The sensibility of the skin was everywhere entire. The special senses were intact, excepting that the sight was defective; and he stated that, *though he had never been obliged to wear spectacles, he had been couched in both eyes* many years before. The tongue was very red, and there was excessive constipation; but it was soon found that when the bowels were kept open by calomel and enemata, the headache and vomiting to a great degree ceased. The urine was free from albumen and sugar. The pulse and the temperature of the body were natural. Cold lotions applied to the head, with on one occasion a blister and aperients, assisted in removing the headache and the disordered locomotor power. The appetite improved under the use of calumba and mineral acids, and the patient in a few weeks recovered so far as to go out in a comfortable state, free from sickness, headache, or vertigo, which symptoms, though at first assignable to some positive cerebral lesion, appeared to have been merely the result of dyspepsia and constipation.

CASE 2.—The patient, a labourer, aged fifty-eight, had been quite well until ten days before admission, when he lost his sight, he said, and was greatly troubled with vertigo. There had been no injury, no syphilis (according to his statement), no convulsive or paralytic symptoms, and no vomiting. On admission the sight was very defective, and there was great headache and *soreness of the scalp*. The pupils were contracted, the right one more so than the left; both acted sluggishly to light. The urine was found free from albumen and sugar, and the bowels were regular. No loss of power was noticeable in the muscles of the face, palate, or limbs. The voice and the swallowing power were natural. After admission he exhibited a great tendency to drowsiness, but in the course of three or four weeks this symptom, as well as others, have greatly diminished. The pupils are more dilated and natural. Examination by Mr. Carter with the ophthalmoscope showed atrophy of the optic nerve of both eyes, and depression of the surfaces of the optic discs, the result of atrophy. The patient is still in hospital.

The treatment has consisted of calomel-and-jalap purges, counter-irritation to the neck, and, latterly, of bromide and iodide of potassium, the latter being increased. Dr. Ogle suspects syphilitic intracranial deposit, or some other organic change within the skull.

INTENSE, PROBABLY RHEUMATIC, NEURALGIA OF THE ARM; RECOVERY UNDER SEDATIVES AND ALKALIES.

The patient, a labourer, aged thirty-one, had been in the hospital eight years before, with a scalp wound and erysipelas over the left eye. On readmission the pupil of the left eye was much dilated, and the sight defective, probably in consequence of former injury, and he was suffering from intense pain of the right upper arm and shoulder. This, he said, had prevented sleep for several nights. The pain was principally in the right biceps, and was greatly aggravated on the least pressure. It was so excessive that he could hardly endure the pressure of the shirt. Movement of the arm was, however, tolerably free. He said that, five days previous to admission, he had had sharp pain in the left eye and the left shoulder. Dr. Ogle ordered subcutaneous injection of a quarter of a grain of acetate of morphia, and a sixtieth part of a grain of sulphate of atropine; and this, repeated in the evening, had a manifestly good effect, and was followed by much relief. A senna draught was also given. As the pain was still great on the next day, chloroform and belladonna were applied constantly over the painful part; and as the urine was much charged with lithates, and was very acid, bicarbonate and nitrate of potash were ordered every four hours. Owing to the belladonna, the pupils became greatly dilated, and the pain was much mitigated, and on the fourth day the application was discontinued. On the fifth day all pain had ceased, some degree of numbness only being complained of in the arm. Nine days after admission the patient returned to work.

THREE CASES OF CHOREA IN YOUNG GIRLS.

In one case a fright was the ostensible cause; in the other two no cause could be traced. In none did disease of the heart, or any cardiac bruit, or intestinal worms exist. Two of the cases were treated by aperients and steel in increasing doses, good diet, and shower baths; but in both cases the shower baths had to be given up, as the children were afraid of and greatly agitated by them, though in one case the *speech*, which was unusually inarticulate, was *invariably improved* for some time after each bath. This patient has so far recovered as to go to the Convalescent Hospital.

In the second case, in addition to choreic movements of an aggravated nature, the muscles of the limbs and trunk became very notably and unusually wanting in voluntary power, so that the child could not even sit up in bed, or walk in the least, or stand upright; and this extreme weakness went on long after the involuntary movements had almost quite ceased. The child now can walk very well, and has all but entirely recovered, both as regards muscular power and ability to co-ordinate. In addition to other treatment she has lately taken cod oil, and had daily faradisation of the weakened muscles, which she likes much.

In the third case nothing but good diet and aperients have been used, and the child is recovering, though slowly. When brought into the hospital there was an extensive, rosy, bright rash on the body, at first thought to be possibly due to friction, as the movements were very constant and disorderly; but as the eruption was found to be almost universal, suspicion of scarlet fever was raised, which, however, was not verified, as the thermometer showed no increase of temperature. The rash soon subsided. The case is recovering slowly, and Dr. Ogle thinks of having the ether spray applied along the spine.

In all three cases the temperature throughout has remained natural, excepting in one case, where fright from the bath caused it to rise from 99·8° to 101·8°. It had, however, on one or two previous occasions risen to 100°.

MISCELLANEOUS CASES.

A case of a woman with *constant vomiting*, of some weeks' standing, which had been treated as the result of ulceration of the stomach. For three weeks there had been no action

of the bowels, and much swelling and tenderness of the abdomen existed. Turpentine and other enemata, and croton oil with colocynth, were required; and with returning action of the bowels all symptoms ceased. After the use of the hospital compound calumba powder (consisting of bismuth, calumba, soda, rhubarb, ginger, and cinnamon), and the ammoniated solution of quinine, she left the hospital well.

A case of *hysterical aphonia* recovered under the use of cod oil, strychnia, and wine.

A case of a young woman with slight *enteric fever*, with relapse. In this case the bowels were prone to be *constipated* throughout the attack.

A severe case of *dropped hands* from lead-poisoning, recovering under the use of iodide of potassium and faradisation of the affected muscles.

A case of well-marked *hammer pulse* in a young cabman, with hypertrophy of the heart, and disease of the aortic and mitral valves.

A case of a man said to have had *ague* for two years; the attacks sometimes were daily, at other times with three or four days' interval. The spleen and liver were enlarged. On the morning of admission he had a shivering fit lasting three hours. Dr. Ogle, wishing at first to observe the expected attacks unaffected by quinine, gave the infusion of simaruba, and subsequently steel, with a small amount of quinine; but although the patient remained in hospital three weeks, there was no return of shivering or fever. The day after admission he experienced "coldness" only, and the temperature was 98·2° F., having been 104° the previous evening. On the day after admission it was 98·2° in the morning, and 99° in the evening. The next day it was 100·1° in the morning, and 98·2° in the evening.

A case of a girl with *albuminuria*, in whom attacks of sudden and intense dyspnœa were twice relieved by whiffs of nitrite of amyl being inhaled, and by dry cupping between the shoulders. Some vomiting occurred the day following the second inhalation, but it was doubtful whether it was caused or not by the inhalation.

UNIVERSITY COLLEGE HOSPITAL.

LITHOTRITY IN A CHILD AGED TWO YEARS AND THREE MONTHS.

(Under the care of Sir H. THOMPSON.)

A HEALTHY-LOOKING male child, aged two years and three months, was admitted for symptoms of stone in the bladder. On examining the child he was found to have a very tight congenital phimosis, for which circumcision was performed, and on sounding at the same time, a small stone was felt, not very distinctly. Sir H. Thompson decided therefore to examine him with a lithotrite at the next visit.

May 30th.—The child being under the influence of chloroform, a small lithotrite was introduced, and a small stone at once seized. It appeared to be about the size of an orange-pip. Sir H. Thompson accordingly freely crushed it, introducing the lithotrite without difficulty four times, and removing it with débris. Very little was left in the bladder. To have a hot bath twice a day.

31st.—Child is comfortable, and passes clear urine, with a very little fine débris. Took a good dinner.

In remarking on this case, Sir Henry Thompson called the attention of the class to the extreme rarity with which lithotrity is found applicable to cases of stone in the bladder occurring in children. He had often had occasion to point out to them that lithotomy is especially adapted to patients below puberty, since the mortality in such cases is comparatively small, not more than one in fifteen cases. But he had also laid it down as a principle, that where the stone was small and the urethra fairly capacious, there was no reason why the child should not be spared even that small risk, and saved from a severe operation. The great objection to lithotrity in children was the difficulty in passing fragments through a small urethra, necessarily of delicate structure; the extreme activity and irritability of the bladder, and finally the absence of moral control, most desirable to possess, and attainable on the part of the adult patient. On the other hand, if the bladder could be easily and safely cleared at one sitting, we possess in lithotrity a means of extreme value for such cases. He had therefore no hesitation in saying that, for the most part, when the stone was no larger than an orange-pip, this result might be accomplished, and the child might be spared any further or any graver proceeding. In this case, that one sitting had cured the child completely, not a single trouble followed it, and the urinary functions were now performed in the most perfect manner. This was only the second time in which he had felt it was right to perform lithotrity for a child in the course of his practice in University College Hospital.

Medical Societies.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, JUNE 13TH, 1871.

MR. GURLING, F.R.S., PRESIDENT, IN THE CHAIR.

ON THE REMOVAL OF TUMOURS FROM BONES.

BY JAMES PAGET, D.C.L., F.R.S.,
SERJEANT-SURGEON TO H.M. THE QUEEN; CONSULTING SURGEON TO ST. BARTHOLOMEW'S HOSPITAL, ETC.

THE design of the paper was to show the propriety of removing the majority of non-malignant tumours growing in bones, by simple extirpation or enucleation, rather than by resection of the bones or by amputation. It was shown that these tumours are as separate from the proper tissue of the bones as are fatty and most other innocent tumours from the connective tissue or other structures in which they grow; and that the same rules of operation are applicable to the one as to the other set of tumours. Cases were given of successful enucleation of fibrous, myeloid, cartilaginous, and osseous tumours, and some rules were stated for the diagnosis of malignant from innocent tumours in bones, and of those which grow within from those which grow without the bones.

Mr. FAIRLIE CLARKE thought that this and Mr. Little's paper on what might be called "Osteotomy" would have a material influence on future operations. He reminded the meeting of two cases in Syme's "Observations," in which the latter showed a very material advance on the former. In the one amputation had been performed, in the other excision of a portion of bone merely; but here we had a still greater advance.

Mr. BIRKETT said the paper reminded him of some of the earlier ones read before this Society. It did not afford much room for discussion, being merely a statement of facts. He would say that it had been the practice at Guy's for years to remove all innocent tumours from bone before having recourse to amputation. This was especially the case with tumours of the lower jaw. He referred to one such case, and to one by Mr. Bransby Cooper, published in the *Medical Gazette*, which after removal partly returned; but the patient was again operated on, and lived long after perfectly well. In a case under Mr. Poland, that gentleman removed such a tumour by enucleation, which completely cured it. In another instance a tumour, probably fibroplastic, was enucleated, but perhaps imperfectly, for it returned, and amputation was had recourse to, after which there was no return of the growth.

Mr. T. SMITH had a case in which he operated thus, depending on Mr. Paget's judgment, as he would have preferred to amputate. The patient was a young woman, who suffered from pain and swelling of the upper part of the humerus. On examination, a pulsating tumour was seen, but there was no glandular enlargement. Mr. Paget recommended enucleation, and it was had recourse to, but not, perhaps, very effectually, as the incision was too small. After the operation she did fairly well for a year, when a protrusion from the cavity of the bone was detected and removed. Unfortunately, she died of pleuro-pneumonia.

Mr. WEEDEN COOKE considered it worth while to ask if it was necessary to cut beyond a joint to save a patient's life in malignant disease of bone. He had seen cases where it was not so, especially in the forearm.

Mr. BIRKETT said, with regard to Mr. Smith's case, that the principle laid down in the paper was to try enucleation of bony tumours. This principle they acted on at Guy's, and in accordance with it he would have tried the operation in such a case as that referred to.

Dr. O'CONNOR briefly referred to a case of malignant disease of the clavicle operated on by Aston Key and Sir Benjamin Brodie.

Mr. SAVORY considered the most important point in such cases was the diagnosis of the nature of the tumour. So in Mr. Smith's case he considered the question was whether the tumour was malignant or innocent. He considered it recurrent, and therefore advocated amputation. In cases where tubercle was deposited in bone, he thought it might often with advantage be removed by scooping. Some were opposed to this practice, because it would stimulate the formation of the tubercular material; but by wide removal of the affected tissues they might do well.

Mr. CROFT referred to the case of a man of middle age with a tumour of the radius, doubtful in its character. They cut down to make certain, and found a spiculum of bone in the midst of a mass of fibroid tissue.

Mr. PAGET desired to leave the operation to the test of experience. His design was merely to enforce that which was admitted by many, though under a kind of protest. The alternative he considered to be resection rather than amputation. But even that was accompanied with much inevitable damage to the limb; consequently enucleation was, where possible, to be preferred.

A FOURTH SERIES OF ONE HUNDRED CASES OF OVARIOTOMY, WITH REMARKS ON THE DIAGNOSIS OF UTERINE FROM OVARIAN TUMOURS.

BY T. SPENCER WELLS, F.R.C.S. ENG.,

HON. FELLOW OF THE KING AND QUEEN'S COLLEGE OF PHYSICIANS IN IRELAND; SURGEON IN ORDINARY TO THE QUEEN'S HOUSEHOLD; SURGEON TO THE SAMARITAN HOSPITAL FOR WOMEN.

Following the order of former papers, the author has arranged this fourth series of 100 cases in tables of three series.

Series 1. Cases in which ovariotomy was completed—100 cases: 78 recoveries, 22 deaths.

Series 2. Cases in which ovariotomy was commenced, but not completed—6 cases: 2 relieved or cured, 4 died.

Series 3. Cases where an exploratory incision was made—7 cases: 5 recovered from incision, 2 died.

He shows that the mortality after ovariotomy is steadily diminishing:—Of his first 100 cases, 34 died; of his second 100 cases, 28 died; of his third 100 cases, 23 died; and of his fourth 100, 22 died. In this fourth series 44 have been in hospital, and 56 in private practice. In private practice the mortality was only 14 per cent., while in hospital it was 31 per cent. The author believes that the mortality in private practice may be taken as a guide to what may become the general average mortality after ovariotomy, and he is convinced that it may be reduced to about 10 per cent. without excluding those extreme cases where the operation is performed as a forlorn hope.

The author then proves that large tumours of the non-gravid uterus have been frequently mistaken for ovarian tumours; and he points out how they may be distinguished from each other. He shows that there is nothing in the *history* of a doubtful case which affords any very decisive assistance, and then examines in detail the signs afforded by inspection and measurement of the abdomen, by palpation, and by percussion and auscultation, which are of value in diagnosis.

He then describes the conditions to be observed in examination by the vagina and rectum—alone or combined—and in conjunction with examination by the abdominal wall; deferring to a future opportunity any account of the results obtained by exploratory puncture or incision.

Dr. WEST, after congratulating Mr. Wells on his signal success, pointed out that the great number of errors fallen into were from not bearing in mind all the precautions to be taken to avoid mistake. We should fall into few errors of diagnosis if we took all the precautions laid down by Mr. Wells. He took the opportunity of publicly acknowledging his mistake in opposing the operation, which nevertheless would never have been the boon to society it now is had it not been for the pains bestowed on its perfection by Mr. Wells. It was not mere dexterity which was required, but to be very sure of what had to be done and what dangers were to be avoided. Sometimes he thought the adhesion of a quondam opponent had its value.

Mr. WELLS, after signifying his gratification at what Dr. West had said, brought before the Society an example of a uterine fibroid which might have been taken for an ovarian tumour. It had, however, been diagnosed, and he had removed it. It weighed 11 lb. 11 oz. The bleeding had been soon checked, and the patient was then doing well.

PATHOLOGICAL SOCIETY OF LONDON.

TUESDAY, MAY 16TH, 1871.

MR. COOPER FORSTER, VICE-PRESIDENT, IN THE CHAIR.

As this was the last meeting of the session, there was the usual massacre of delayed reports upon specimens, which occupied nearly three-quarters of an hour.

Mr. GAY exhibited masses removed for the second and third time from the gluteal region of a woman. The structure of the tumour appeared, in the first instance, to be myxomatous, but in the mass last removed it was essentially fibrous, but intermixed with myxomatous structure.

Dr. BRISTOWE showed two specimens of Malignant Disease of the Œsophagus. The cancer had involved the left common carotid in one case, and caused fatal hæmorrhage.

Mr. W. ADAMS exhibited a specimen of a Fibroid Tumour which grew from the hard palate, and, projecting into the mouth, impeded the action of the jaws. It was easily removed. It had been growing six years. The patient was a woman aged forty.

Mr. MAUNDER showed a specimen of an Aneurism of the Axillary Artery, the first part of the course of the vessel being filled with clots, and for the cure of which the subclavian had been tied in its third part. The patient died eight days after operation.

Dr. RISDON BENNETT exhibited an interesting specimen of Intra-thoracic Growth taken from the body of a girl aged seventeen, who had been ill for the year previous. At the post-mortem there were lymphoid masses found in the lungs; in front of the pericardium, apparently in connexion with the thymus; in the glands generally throughout the body; in the liver, kidneys, and spleen.

Dr. CRISP showed a number of specimens illustrative of Cataract and other Eye Diseases as they occur in the lower animals.

Dr. PAYNE exhibited an Enlarged Spleen and Lymphatic Glands from a patient who was the subject of Hodgkin's disease in a well-marked form. The spleen was large and was of the usual structure. The thoracic glands were greatly enlarged, and many of them caseous. The lungs, pleuræ, and cerebral membranes were in a condition similar to, if not identical with, that observed in acute tuberculosis, for they were studded with grey miliary tubercles; and Dr. Payne thought this was an argument in favour of the view that tubercle depends upon the prior existence of caseous deposits, and their absorption and deposition in the seats of tuberculous disease.

Dr. PAYNE likewise exhibited a Tumour removed from the breast of a woman, and with very peculiar characters. There was history of cancer in the woman's family. The tumour was made up of "a hard central mass not distinguishable from scirrhous cancer, while there were surrounding cysts containing a highly vascular villous growth, precisely resembling the 'vilious cancer' of Rokitansky, described by that pathologist as usually, though not always, occurring on the inner surfaces of hollow organs."

Dr. CRUCKNELL showed a specimen of Malformed Gall-bladder.

Dr. MURCHISON exhibited the Kidney of a lad of eighteen, who died from uræmia in the Middlesex Hospital. The symptoms dated ten days before his admission to hospital. They were pain in the back, subsequently drowsiness, dry brown tongue, not a rapid pulse, and no alteration of temperature, nor dropsy, his urine being 1007 specific gravity, and only slightly albuminous. The boy sank, and died of convulsions and coma. The kidneys weighed respectively 1¼ oz. and ¾ oz. The structure was that of the granular kidney, but the organs were very lobular.

Mr. WYATT showed a specimen of Perforating Ulcer of the Stomach opening into an artery, an Amputated Penis from a case of self-mutilation, and various specimens of Gunshot Injury brought from Paris, illustrating the inadvisability of excising joints when injured by bullets, and also the frequent injury of the sciatic and other nerves in connexion with the occurrence of acute purulent œdema.

OBSTETRICAL SOCIETY OF LONDON.

JUNE 7TH, 1871.

DR. BRAXTON HICKS, F.R.S., PRESIDENT, IN THE CHAIR.

THE following gentlemen were elected Fellows of the Society:—Mr. F. H. Anderson, Hammersmith; Mr. Frank Argles, Wanstead; Mr. Alfred Armstrong, Lower Norwood; Mr. Arthur Beadles, Forest-hill; Dr. F. R. Hogg, Woolwich; and Dr. William McBeath, Atherstone.

Mr. C. R. CARTER exhibited a large Uterine Fibroid Tumour, removed after death from a patient who was known to have suffered from it for forty years. It was eight inches long and six inches broad, and had undergone degeneration and calcification, while in its interior were contained about three pints of pus.

Dr. ROUTH said the chief interest of the case was the formation of pus in the fibroid, as purulent disintegration of such a growth was not common.

Mr. SCOTT exhibited two Ovarian Tumours removed from a patient aged thirty-five; the one a multilocular cyst of the right ovary, the other a fibroid tumour of the left ovary. The operation had been performed on the 3rd of May, and the patient was progressing favourably. The chief points of interest in the case were: the slight adhesions met with, notwithstanding the history of preceding attacks of peritonitis; the co-existence of an ovarian tumour with two pregnancies, both terminating safely; the apparently rapid growth of the fibroid tumour of the left ovary; and the twisted state in which the pedicle of the right ovary was found.

Dr. PHILLIPS expressed a doubt, from the appearance of the specimen, whether the fibroid growth was strictly ovarian in its origin; and

Mr. SPENCER WELLS believed it to be an outgrowth from the uterus.

Referred to a committee.

Dr. GREENHALGH exhibited his new Metrometer Sound, for measuring any part of the cavity and neck of the uterus from side to side and from back to front, as well as in its long axis. In shape, length, and termination it closely resembles the ordinary Simpson's sound, and consists of a small canula, through the centre of which runs a movable shaft. To the upper extremity of this shaft are attached two watch-springs, and to its lower extremity a graduated scale fixed by a screw. The instrument being introduced the required distance into the uterus, the screw is then loosened, which permits the escape and divergence of the watch-springs, and these, on being arrested by the uterine walls, register on the graduated shaft the amount of divergence.

Dr. MEADOWS read a paper on "Pelvic Hæmatocele, with special reference to its diagnosis and treatment." The author expressed his conviction that this affection, though not common, is not so rare as is generally supposed; nor in many cases is the diagnosis a matter of much difficulty, though in some, and especially in the less severe forms, or when seen long after the attack, the diagnosis is extremely puzzling. Allusion was made to a paper by Dr. Barnes on "Intraperitonal Hæmorrhage," published in the last number of St. Thomas's Hospital Reports, the author criticising some of the cases in regard to their diagnosis, and expressing some doubt as to their accuracy in this respect, judged solely by the details given. An examination of these cases in their results, when compared with others of the same kind collected from the works of MM. Bernutz and Goupil, showed a very startling contrast; for of forty cases of the former, three only died, whereas in sixty-two cases of the latter, only eighteen recovered. In regard to diagnosis, the author remarked that the difficulties were greatly lessened in cases where the attendant happened to know the exact condition of the parts before the occurrence of the attack; because, as swelling necessarily results from the hæmorrhage, its absence before the attack and its immediate discovery afterwards, together with the attendant symptoms, pointed at once to the nature of the case, inasmuch as no other swelling occurs thus suddenly. The differential diagnosis of uterine displacements; of tumours, either of the uterus or ovaries, becoming suddenly impacted in one or other cul-de-sac; of pelvic cellulitis; or of pelviperitonitis, was dwelt upon at some length and their distinctive features pointed out. The author recommended the division of the cases into two groups, the first to include all those which originated in the performance of the functions of menstruation or parturition, and the second those of distinctly organic origin, not connected directly with the uterine functions. He advocated more frequent resort to puncture, grounding his recommendation on the fact that of Bernutz's eighteen cases which recovered, nine were operated upon, seven ruptured spontaneously, and only two were left alone; while out of twelve fatal cases, two only were tapped, one ruptured spontaneously, and nine were left alone. The author related two cases in which he had tapped successfully, and the paper ended with some directions as to the conditions, mode, and time of operating.

Dr. BARNES said that Dr. Meadows doubted his cases because they were so many; but was his experience so exceptional? Olshausen said that in 1867 Scanzoni had only seen two cases, but that he ought to have seen 200. Olshausen himself had seen 34 cases of hæmatocele in 1145 gynæcological cases. Seyfert had seen 66 cases out of 1272. In fact, it was only necessary to look for these cases with intelligence, in order to find them. He had expressly stated in his paper that some of the cases were, no doubt, open to criticism as to diagnosis. In some this had been drawn from the history and general symptoms, and was not established by local exploration. He would, however, premise that every one had been seen either in consultation or in hospital practice, and that there was a presumption that the symptoms were severe enough to cause anxiety. The facility of diagnosis depended upon the extent of one's experience. Hæmatocele was most liable to be confounded with pelvic peritonitis. Now, he had been familiar with pelvic peritonitis for thirty years. The history and physical signs of pelvic peritonitis from other causes than effusion of blood into the peritoneum differed materially. Dr. Meadows was astonished that eight of his cases attended abortion. The possibility of this occurrence should not be questioned because others had not yet noticed a similar connexion. Again, Dr. Meadows doubted, because so many of his cases recovered. It would have been easy to produce a more convincing mortality if he (Dr. Barnes) had punctured the cysts, and given purgatives. In reference to the division of the cases, Dr. Meadows failed to see that his design was simply to illustrate the matter from a clinical point of view, not to classify. He could not accept any responsibility for the freaks of statisticians. Lastly, came the question of treatment. He considered it most important not to disturb parts recently the seat of severe injury. Rest was necessary to allow of the conservative process of encapsulation. Puncture was only necessary when urgent symptoms, as of toxæmia, arose. Dr. Meadows, by dealing with the statistics of Bernutz' cases, had come to a conclusion directly the opposite of that which Bernutz himself had formed. He (Dr. Barnes) very much preferred the deliberate judgment of Bernutz upon his own cases, arrived at by a process of clinical reasoning and comparison, to Dr. Meadows' statistical deduction.

Dr. SNOW BECK said his experience led to the conclusion that retro-uterine hæmatocele was a comparatively rare affection. He did not think that rupture of the gravid uterus, or extra-uterine gestation cysts, or ovarian cysts with large effusion of blood into the peritoneum, ought to be included under this term, which was properly restricted to effusions of blood encysted in the pelvic peritoneum, or extravasated into the loose cellular tissue in the pelvis. With these restrictions, Dr. Barnes's cases were reduced from fifty-three to three cases of hæmatocele from rupture of diseased ovaries, and eight cases attending abortion, some of which were of a very doubtful nature. When blood became encysted in the pelvic peritoneum, or neighbouring cellular tissue, it was desirable to remove it, if possible, and to prevent the cyst from refilling. The danger of allowing it to remain was shown by the cyst sometimes bursting into the peritoneum, or the woman being worn out by constant suffering. However, when it formed an inert mass, causing little inconvenience except from its presence, it would not be desirable to interfere with it.

Dr. MADGE, in reply to Dr. Beck, said that in his case death did not take place from the rupture of the cyst into the peritoneal cavity. There were repeated hæmorrhages from the cyst, the blood passing per rectum; and some of the contents of the hæmatocele seemed to undergo changes of

an unhealthy character, which induced a pyæmic condition, and the patient died from exhaustion. Dr. Madge said he was the first to bring the subject before the Society. His paper was read about ten years ago, and contained a *résumé* of the leading opinions to that date.

Dr. PHILLIPS believed that small effusions of blood into the retro-uterine pouch were of common occurrence. Instances of large effusion extending above the pelvic brim he considered comparatively rare. Excluding those severe cases where the effused blood resulted from some grave lesion, as the rupture of an extra-uterine fœtal cyst or a gravid uterus, he thought the mortality was not nearly so great as Dr. Meadows implied. There existed but few specimens of retro-uterine hæmatocele in any of the museums. He considered that the peritoneal symptoms described in some monographs on the subject were exaggerated. They were not necessarily very severe, as pure blood did not set up much peritonitis. He stated that in many cases the retro-uterine pouch descended much lower than represented in diagrams, and that the depth in the pelvis to which the effusion extended should not be used as an argument against its intra-peritoneal seat. He asked for some indications to distinguish between a small inflamed ovarian cyst surrounded by inflammatory adhesions, and a blood effusion. The physical signs in many cases afforded but little assistance, and the preceding history might mislead, as urgent symptoms occasionally supervened suddenly from impaction of an ovarian tumour in the pelvis. Generally, however, an ovarian cyst displaced the uterus more to the opposite side of the pelvis; a hæmatocele pushed it forwards. Probably no one would doubt the advisability of emptying the cyst by puncture, if pyæmic symptoms threatened from absorption of putrid contents (which he believed rarely happened if the patient were left alone); but the cases in which tapping was applicable seemed to him to be few. It was certainly not safe to tap before the effusion became encysted, while at a later period the serous part had in most cases already undergone absorption, and it was almost useless to puncture the remaining mass. He had seen cases where the blood extended as high as or above the umbilicus do perfectly well without surgical interference.

Dr. GERVIS said it appeared to him that some of Dr. Beck's remarks were founded on a misapprehension of Dr. Barnes's views. Dr. Barnes never asserted that certain symptoms referred to by Dr. Beck were the symptoms of peri-uterine hæmatocele, but that in the cases quoted from his paper there was pelvi-peritonitis plus more or less intra-peritoneal effusion of blood, standing to one another in the relation of cause and effect. Again, Dr. Beck said, if purulent accumulation be present, what will rest do for the patient? whereas Dr. Barnes distinctly stated that the indication for puncture was the presence of irritative fever, pointing to the occurrence of local suppuration. On the general question of the comparative frequency of slight effusions of blood into the peritoneum, he (Dr. Gervis) entirely coincided in the opinions expressed by Dr. Barnes and Dr. Phillips.

Dr. GRAILY HEWITT stated that during the last five years he had observed in University College Hospital altogether, he believed, twelve or fifteen cases. They had all recovered, and in no case had puncture been resorted to.

Dr. TILT remarked that if the German pathologists had found hæmatocele common, the French writers considered it to be very rare. Since he first drew the attention of British pathologists to hæmatocele in 1853, Dr. Tilt had only met with twelve cases. Pelvi-peritonitis was often mistaken for hæmatocele. The majority of cases required no surgical treatment, but when the collection of blood was considerable, and the tension of the sac very great, he had repeatedly punctured it through the vagina, and allowed the blood to drain away of its own accord, thereby greatly relieving the patient's suffering, and shortening the duration of the disease.

Dr. GREENHALGH agreed with Dr. Meadows that pelvic hæmatocele was by no means so frequent nor so harmless an affection as Dr. Barnes would lead the profession to believe. On a rough estimate, he (Dr. Greenhalgh) did not think that he had seen more than twenty-five indubitable cases of that affection, notwithstanding he had had extensive opportunities of meeting with such cases. He observed that many of the cases of pelvic hæmatocele which had fallen under his notice were of a far graver character than those recorded by Dr. Barnes; three cases having died speedily after the attack, and several others requiring much more treatment than the rest and do-nothing system advocated by Dr. Barnes. In three cases puncture and evacuation of the effused blood had been necessitated by the severity of the constitutional symptoms, followed by satisfactory results, and he (Dr. Greenhalgh) had little doubt that had puncture been had recourse to in some of the other cases, the patients would have made a far more rapid and satisfactory recovery. He inferred that Dr. Meadows attached due importance to rest.

Mr. SPENCER WELLS said his personal experience of pelvic hæmatocele was chiefly as a sequel of ovariotomy. He believed the less severe forms, where only small quantities of blood were effused, and afterwards absorbed, were very common. When the tied or cauterised pedicle was in the pelvis, a good deal of trouble was sometimes observed at each menstrual period for some months, with all the signs of hæmatocele. In the slighter cases he considered rest and opiates constituted the best treatment. But there were other cases where a high temperature, rapid pulse, loss of flesh, dry tongue and skin, with a painful, distended abdomen, and scanty concentrated urine, showed that the patient was being poisoned by absorption, and here not only puncture, but drainage, was necessary to save life. Puncture alone might only give temporary relief, or do harm by hastening decomposition of blood or pus; but when a canula or drainage-tube maintained a free escape for fluid and gas, cases apparently hopeless did well.

The PRESIDENT stated that his experience led him to coincide with those observers who considered slight cases of hæmatocele as of common occurrence.

Dr. MEADOWS said that he had referred to Dr. Barnes's paper on the ground that, if unchallenged, these cases might hereafter be used for statistical purposes in a way which their real importance did not warrant. Dr. Meadows agreed with the speakers who had preceded him as to the comparative rarity of hæmatocele. He entirely concurred in the value of rest in the treatment of these cases, but thought that the facts which he had brought forward in his paper made it necessary that we should review our practice in this respect, at least in regard to those cases where the quantity of effused blood was more or less considerable. The frequency of spontaneous rupture, either by the vagina or the rectum, and the escape of the effused blood, seemed to be nature's method of pointing out the treatment we ought to adopt. He found, moreover, that the period of convalescence was greatly shortened by the tapping or rupture.

DR. CHAMBERS'S HARVEIAN ORATION.

THE subject selected by Dr. Chambers for the Harveian Oration, delivered at the College of Physicians on Wednesday last, was the Progress of Therapeutics. This art, he said, is now passing through a crisis which will determine greatly its future march; it is entering upon a physiological, a biological phase. Our practice is becoming yearly more and more influenced by that idea of disease which regards it as a mode of living, an imperfect form of undeveloped vitality, as a loss of something which is present in health. The Athenian physicians were the first to recognise that health and disease obey a universal law. They considered that the important point in disease was the excess of some normal constituent of the body, a view that still survives in the principle of elimination. To that elementary notion Galen added the idea of force as distinct from matter; disease was to him a force foreign to the body, and the duty of the physician lay in opposing it. This doctrine of cure by contraries has held its ground for many centuries, and it will hold its ground so long as constipation yields to purgatives, and sleeplessness to opiates. Disease afterwards was regarded as an effort of nature to get rid of something; it was the duty of the physician to assist nature—a theory which has been very useful in permitting a milder treatment of acute ailments. Neutralisation of disease was another theory—as it were, an application of chemistry to the cure by contraries. It assumes that in disease a sub-

stance is found in the body different from any in health, which, combined with another, forms a third harmless body. It is a theory which has had many advocates, and has advanced with advancing chemistry to the present day. Lastly, the theory of treatment by counter-irritation is one that owes its prominent application to the study of morbid anatomy. The idea is, that by exciting, artificially, diseased action, that which previously existed may be destroyed. It is obviously made more universally applicable by the exact determination of the localisation of disease, and so with the advance of morbid anatomy it has more and more engrossed our attention. In each of these theories there is the idea of disease as a something to be eliminated, opposed, neutralised, &c. But the tendency of the medicine of to-day is to take a totally opposite view—to regard disease not as something more, but as something less than life. Under the light of advancing physiology, morbid substances and actions appear examples of arrested development, and the end and aim of happy treatment is to restore or develop into fuller life those identical morbid substances which our forefathers endeavoured to get rid of. This is well shown by a comparison of the treatment recommended in the articles in Reynolds's System of Medicine with those on the same diseases in the Cyclopædia of Practical Medicine. According to the old theories, five grains of calomel three times a day in rheumatic fever, or scarifications of the head in acute hydrocephalus, were quite right; but now we never see them practised. The transition has been, perhaps, in some cases too rapid, and has displaced that which was certainly better than vain expectancy.

Recent introductions into the materia medica teach the same lesson. None are of a nature to augment destructive metamorphosis, but many are calculated to form the basis for new cell development. Alcohol, though hardly a new remedy, since it came into use soon after the deluge, is yet used with a new intention. Our fathers regarded it as a fuel to life's flame, augmenting heat, secretion, power. We regard it as a damper to that flame. It has been used in medicine, and as a good friend to humanity out of medicine, through all these centuries; and now we use it in a different class of cases, and with better results. With many other remedies—quinine, oxygen, arsenic—a like change of use has occurred. Some fresh light is thrown by the change in therapeutic thought upon the interesting class of substances called alteratives, a class which falls under none of the therapeutic categories enumerated. An example is the iodides and bromides, of which the tonnage used is weekly increasing. Their sole function seems to be to cure; failing functions are restored to health without the destruction of morbid tissue. The link between the various diseases benefited is probably afforded by the action of these alteratives over the white fibrous tissues which envelop the bones and nerve-trunks, and which, in all the diseases benefited, are more or less involved.

That which has more than anything contributed to our change of practice is the gradual change in ideas on inflammation. Addison regarded it as an increase of vital action; but all recent writers on the subject, morbid anatomists, chemists, physiologists, unite in treating it as perverted incomplete nutrition. The morbid anatomist also classes morbid products as high or low, according to their proximity to a departure from the normal type.

Another powerful agitator of therapeutic ideas is the distinction between disease and its causes, the attention paid to morbid germs. The state which they produce in the body must be an arrest of its normal functions. The idea of their prevalence is not without its hopeful side. The recent doctrine and practice of skin-grafting shows that there may be germs of health as well as of disease, for the influence of the implanted fragment of skin seems to infect neighbouring tissues. This infectious influence of a healing part may possibly afford some explanation of the beneficial influence of counter-irritation. It is not mere experience which is teaching us these things, but designed scientific experiment. Science may guide us slowly, but she never guides us backwards.

Dr. Chambers then alluded to the promising field for future investigators which had been opened by recent scientific aids to the examination of the exact conditions of the circulation of the blood, and referred particularly to Dr. Sanderson's investigations with the sphygmograph, and to recent French discoveries of rhythmic contractions in the small arteries in the frog's foot, rabbit's ear and retina. If the latter existed generally, the action of remedies upon it might furnish a new standing-ground for rational therapeutics. He then alluded to the importance of experiment on animals, and to the benefit to therapeutics, as well as to pathology, which was likely to result from the new Brown Institution for the study of the diseases of animals.

In conclusion, Dr. Chambers insisted strongly on the importance of more careful training of the medical student in the systematic observation of the influence of drugs. Millions of experiments were performed daily by observers who can regulate their conditions, and yet the experimenters were, as a rule, quite unable to turn their observations to account. He had never, as examiner, come across a candidate who had ever been instructed in the art of systematically observing and recording the action of remedies. Surely the chair of Materia Medica would be better employed in training pupils to observe than in discussing the varieties of chinchona bark or the shape of senna leaves, points which students always learn, if at all, from books, and not from lectures. Especially it was incumbent on all hospital physicians to do all they could for the decision of these questions of therapeutics, a duty which could never be thrown off.

THE LUNACY REGULATION AMENDMENT ACT, 1871.

IN the Act for amending the Lunacy Regulation Acts, read a third time in the House of Lords on June 20th, the Lord Chancellor has made another important addition to the several Amendment Acts which the experience of the working of the lunacy laws since Lord Shaftesbury's lunacy legislation of 1845 has from time to time shown to be necessary, and which we trust may ere long result in one consolidated Lunacy Statute.

The principal clause in the present Act of Lord Hatherley's refers to those cases of recent insanity in which no provision now exists for the immediate temporary administration of the patient's affairs. Such instances are not unfrequent, and great loss is often entailed on the estate by the inability of the patient—pending recovery or the issue of a Commission in Lunacy—to attend to or conduct his affairs. Section 4 of the present Act gives the Lord Chancellor power on petition to appoint in a summary way, for a period not exceeding six months, a guardian of the person and property of the alleged lunatic, with the following important provisions:—

"1. Personal notice of the application for any order under this section shall be served on the person alleged to be of weak mind,* and the hearing of the case of such person, and all proceedings in relation to or consequent on any order made shall be in private.

"2. No order made under this section shall be of any force beyond the period of six months from the date thereof, nor shall any such order be renewed more than once.

"3. Every such order shall contain a direction to the visitors to visit such person of weak mind at such times and in such manner as to the Lord Chancellor intrusted as aforesaid may seem fit and necessary, and to report on the case of such person at such times as the Lord Chancellor intrusted as aforesaid may direct.

"4. No sale shall be made of any real property of such person of weak mind, in pursuance of the powers of this section, nor shall any lease be granted of such property, in pursuance of the same powers, except agricultural leases, for a period not exceeding twenty-one years.

"5. Every guardian appointed under this section shall once at the least in every month file in such manner as may be directed by any special or general order of the Lord Chancellor an account of his receipts and expenditure as such guardian during the preceding month, and of the mode in

* The third section of this Act defines a "person of weak mind" to mean "any person whose mental capacity is so affected by sickness, or any other temporary cause, as to render himself incapable of managing himself or his affairs."

which such receipts have been derived and expenditure incurred, together with a statement of the balance (if any) of funds remaining in his hands at the date of such account.

"6. Every such guardian shall pay over any balance found to be due from him on any account in the same manner as if he had been regularly appointed a receiver in a matter of lunacy or in such other manner as the Lord Chancellor may by special or general order direct."

METROPOLITAN WATER-SUPPLY.

THE following abstract of the Metropolitan water-supply has recently been drawn up at the instigation of the Board of Trade, and has not as yet been published. It reveals a most unsatisfactory state of things, and affords ample arguments in favour of fresh legislation.

It should be specially noticed that, albeit the total water-supply is nearly two-thirds greater than that of Manchester, and more than double that of Norwich, the supply for the lower classes, who most require water for cleanliness and sanitary purposes, is most defective. In Chelsea, for example, there are nearly 5000 water-butts open to the gravest sources of contamination. In the majority of cases the waterclosets are only flushed by the overflow of these butts. In East London there are upwards of 41,000 houses without any proper water-supply to their closets. In the Lambeth district there are estimated to be 20,000 houses with improper receptacles, and not one house in forty is provided with the only equivalent, a constant supply. In the New River district but one house in a hundred has constant supply, and there are 5000 dwellings having waterclosets without water. In Southwark and Vauxhall one house in 200 is constantly supplied, and there are nearly 30,000 houses which have waterclosets not connected with water-pipes or cisterns. In the Kent district the Government offices are alone supplied on Sundays. Taken in connexion with the reports we published last week, it is clear that the introduction of the constant system of supply in the metropolis would enable the water companies to effect a saving of not less than 30 or 40 per cent. in the consumption of water, whilst it would give a far more liberal supply to the poor. The advantages, in a sanitary point of view, would be incalculable, for it cannot be doubted that the unsatisfactory condition of the houses of the poor, and particularly of the waterclosets, is chiefly due to the insufficiency of the existing system.

ABSTRACT OF METROPOLITAN WATER COMPANIES' RETURNS (1871).

No.	Name of Company.	Greatest volume supplied in one day, in gallons.	Number of dwellings supplied.	Approximate number of water-closets.	Soil-pans in use.	Number of dwellings on constant service.	Water-butts in use.	Number of trade establishments supplied.	Population of district.	Rateable value of district.
1	Chelsea	10,000,000	27,670	43,000	—	Very few	4,867	100	200,000	£1,250,000
2	East London	23,000,000	96,530	100,000 about	41,241	32,753	49,857	1719	750,000	2,026,160
3	Grand Junction	12,056,092	31,979	63,958	1,757	None	1,272	84	287,811	2,187,500
4	Kent	10,268,318	39,801	40,000 about	13,683	Very few	16,441	122	280,000	799,000
5	Lambeth	13,000,000	44,600	39,000	9,000	1,100	20,000	1100	290,000	1,750,000
6	New River Company ...	27,500,000	103,688	200,000	5,104	930	15,000	853	830,000	4,247,000
7	Southwark and Vauxhall	17,250,000	76,748	74,000	29,500	375	28,000	529	480,000	1,980,000
8	West Middlesex	11,499,192	41,458	97,000	5,000	30	5,000	329	290,206	2,585,200
	Totals	124,573,602	462,474	656,958	65,285	35,188	140,237	4836	3,408,017	16,824,860

N.B.—The eight Companies can supply up to 124½ million gallons per day. The ordinary rate of supply being from 90 millions of gallons per day up to the maximum.

The daily volume supplied is about 30 gallons per head of the entire population.

There are 462,777 dwellings, containing a population of 3,408,017, and 657,958 waterclosets, or about one watercloset to each 5⅛ inhabitant.

Meters are used for trade purposes, and prices are charged for water ranging from 1s. 6d. to 6d. per 1000 gallons.

There is a partial supply of water on Sundays in Chelsea and East London to upwards of 32,000 houses; Grand Junction, all the houses; Kent, no return as to Sunday supply; Lambeth, 9000 houses supplied; New River, about 50,000 houses; Southwark and Vauxhall, whole; West Middlesex, about 40,773 houses supplied.

Water-butts are butts of various sorts and capacities, filled in some cases by hand, or, as in many cases, by a cock. These butts stand in various sorts of places—as in areas, near ash-bins, in shed yards, and open yards, with covers or without covers, exposed to dust, dirt, and atmospheric impurities.

THE SMALL-POX EPIDEMIC.

THE small-pox epidemic, although stationary in the metropolis, is extending in the provincial towns. In Sunderland, out of 77 deaths recorded last week, not less than 46 were due to small-pox. In Newcastle-on-Tyne there were 72 deaths, of which 26 were caused by small-pox. In Southampton and Great Grimsby the mortality, though declining somewhat, is still excessive. In London, during the week ending June 10th, there were 527 fresh cases reported by the relieving officers, and, so far as the returns of last week have been received, there will have been very few less last week. The disease was stationary in Camberwell, Lambeth, Hackney, and Islington. There was some increase in Holborn, Kensington, and Marylebone; but a decided diminution in St. Pancras, Shoreditch, and St. George's, Hanover-square. The Registrar-General reports that the fatal cases of small-pox in London, which in the three previous weeks had been 257, 229, and 245, were 240 last week. In six permanent and temporary hospitals for this disease 101 deaths were recorded last week, of which 54, 22, and 13 respectively occurred in the institutions at Hampstead, Stockwell, and Homerton. After distributing these deaths, it appears that 20 belonged to the West group of districts, 76 to the North, 23 to the Central, 44 to the East, and 77 to the South. The fatal cases showed an increase in the East of London, a decline in the West and South, and but slight variation in the North and Central districts. The registration sub-districts of Somers-town, Camden-town, Islington East, Mile-end Old Town East, Bethnal-green Town, Limehouse, Kent-road, St. James's, Bermondsey, Battersea, and St. Paul's, Deptford, contributed last week the largest number of deaths from small-pox.

SMALL-POX IN IRELAND.

In Dublin, last week, four fatal cases of small-pox occurred, three of the patients being soldiers who were admitted to the General Military Hospital, and the fourth, an infant, eighteen months old. The latter had never been vaccinated, and died in a short time from the confluent form of the disease.

In Belfast, in the week ending June 10th, there were 15 cases under treatment in the Union Hospital; 1 having died, and 4 fresh cases having been admitted during that period.

THE LANCET.

LONDON: SATURDAY, JUNE 24, 1871.

APHASIA.

AN article on Aphasia, which lately appeared in our contemporary the *Spectator*, illustrates very well the kind of assistance which intelligent laymen could render to our profession in the investigation of questions that lie in the territory where psychology and pathology come into closest relations. The paper in question was written *apropos* of Dr. BATEMAN'S interesting work on Aphasia, which has already been noticed in the columns of THE LANCET.

We have so repeatedly reviewed the evidence concerning this very curious disease that we need hardly recall the principal features of the controversy that has arisen respecting the nature of the affection. Suffice it to say that the point of central interest, throughout, has been the question whether or not we have, in the phenomenon of aphasia, a veritable example of the localisation of a distinct faculty, or group of faculties, in a definite portion of the brain. The affirmative of this proposition was favoured by the remarkable frequency with which right hemiplegia is associated with aphasia, and the still more remarkable limitation of lesion discoverable after death, in a considerable number of these cases, to a small portion of brain-tissue—namely, the third left frontal convolution. We have already shown, however, that this apparent pathological connexion is invalidated by such numerous and formidable exceptions that it is no longer possible to suppose that in the third left frontal convolution we have discovered a true speech-organ. Towards this conclusion the elaborate analysis by Dr. BATEMAN rendered important service; and the comments which his work has elicited from the writer in the *Spectator* form a valuable supplement to the arguments previously urged, inasmuch as they review, with greater care than had previously been used, the processes of thought which are involved in the correct application of language to its objects.

As the writer of the review very sensibly observes, there is nothing in the facts of the simpler forms of aphasia that differs at all essentially from those of *chorea*. A greater paradox is offered by those cases in which particular classes of ideas and particular groups of words have become impossible for the patient to put into articulate language. The writer of the review selects three kinds of examples: the first, in which a particular piece of knowledge—the Greek language—has altogether been lost to the patient's mind in consequence of an injury to the brain; the second, in which the patient has lost the power of putting into articulate language any noun substantive, though the idea represented by it remains in his mind; the third, in which the power of expressing nouns substantive is partially lost, in so far that the patient can always recall the initial letter of the word, but not the rest of it. The last kind of cases is, as he justly observes, fatal to the idea that the power of expressing particular ideas is located in particular portions of the brain, for it would be extravagantly absurd to suppose that a distinct spot in the brain would need to be injured, not only for every part of speech in every separate tongue, but for every separate letter in those parts of speech. He suggests that lesions of the brain tend to deprive us *first* of our command of those acquisitions of knowledge which have been attained with most conscious labour, and to leave comparatively untouched those which the mind has attained in a more mechanical and passive manner. He quotes as an illustration the facts observed by Dr. HUGHLINGS JACKSON, as to the preservation by aphasics of their command of ejaculations and oaths; and he applies the same principle of explanation to the case in which the power of articulating nouns substantive is lost. The noun, he thinks, is especially difficult to remember, because it would form the *predicate* of such sentences as the aphasic would usually be tested upon; it would thus form the point on which the patient's attention would be most consciously directed, and he would be specially liable to break down in the effort to put it into articulate speech. The writer accounts for such a curious phenomenon as the retention of the knowledge of the initial letter only, on the hypothesis (very natural and sound, as we think) that the look of the words had associated itself in the mind without any sort of effort of attention, and was thus recalled with the sort of spontaneous ease with which oaths and ejaculations rise to the tongue of a man who may be utterly unable to articulate any other kind of words. The general conclusion at which the writer arrives is, that in aphasia it is not the part of the brain affected which determines the particular loss of naming power, but the history of the individual intellect, and that that side of the memory is soonest affected which has owed much to laborious and conscious effort. And he remarks, incidentally, that at least the phenomena of aphasia prove, what has often been denied, that clear thought is possible without names.

There is a great deal of matter for interesting reflection in these suggestive remarks of our contemporary; and we are glad to welcome the signs of an inclination on the part of non-medical psychologists to study with attention the facts revealed by pathology. At the same time, we cannot but remark a certain tendency on the part of the writer to get a little confused between the cases of loss of memory for ideas, and loss of the power of articulating words the ideas corresponding to which are perfectly retained in the mind. Probably the writer of the review has the distinction clearly enough in his own mind; but it is likely that he has hardly made it plain to his lay readers. Indeed, an amusing proof of this is afforded by a letter from a correspondent, in a subsequent number of the *Spectator*, who relates his own case as if it were one of aphasia, when in fact it was simply an example of loss of memory for *recent events*, in consequence of an injury, but without one of the phenomena, so far as his account shows us, of true aphasia. And we must certainly demur very decidedly to the propriety of adopting, as a general specific for the kind of condition in which this gentleman found himself, the remedy which he says cured him—viz., hard walking exercise. Probably he is a man of naturally robust constitution, and of a certain original toughness of brain-fibre; but we suspect that it would be a perilous experiment for more delicately constituted patients

to attempt to hasten their recovery from a partial hemispheric paralysis, produced by injury, by any such violent means; and we should think that even this patient's medical attendant must have watched with some anxiety his strenuous exertions to recover his lost powers!

THE sensible remarks of Lord BUCKHURST in the House of Lords, and the statements of the deputation from the Poor-law Medical Officers' Association to Mr. FORSTER, will, it is to be hoped, have an effect on the impending amendment of the Vaccination Act. The deputation from the Poor-law Medical Officers' Association may be congratulated on the case which it made out in regard to the relation of Poor-law medical officers to public vaccination. We are glad that Mr. FORSTER has come to perceive the propriety of allowing Poor-law medical officers to act as public vaccinators when they are called to cases of small-pox. We have expressed our views as to the unwisdom and inhumanity of an arrangement which gives Poor-law doctors no right or power to vaccinate. It has been the unpleasant and unprofitable duty of these public servants to bear the brunt of the small-pox epidemic; to be summoned to the houses of the poor having the disease, and to attend, for a greater or less length of time, the cases. But while required to administer to the patient with small-pox, they have been forbidden to try, by vaccination, to save those who had so far escaped. They have had to content themselves with referring the parents—one of whom might be down with small-pox or be kept closely in the house doing the duty of nurse to a sick child—to the public vaccinator, whose station might be three miles off, and whose vaccination] day might be six days hence. It is a discredit to our legislation that such arrangements have not been altered before this time. There is a high degree of red-tapism in the whole system, that has had not a little to do with the extent and duration of the epidemic. When a private practitioner is called to a house and finds a patient labouring under small-pox, he immediately, or as soon as may be, vaccinates the unvaccinated, and revaccinates all the other members of the household. It is his paramount duty, and he is not easy till he has accomplished it. What less could be the duty of Poor-law medical officers? And, to their credit be it spoken, they have often done it from motives of benevolence, and in disregard of all official regulations to the contrary.

Mr. FORSTER was careful to explain that the monstrous vaccination arrangements of St. Pancras, by which six public vaccinators have been dismissed to make room for one who is to be responsible for the public vaccination of a population of 225,000 persons, had not had the sanction of the Privy Council. Dr. ROGERS showed the absurdity of such a system by remarking that, if it were applied throughout London, there would be only thirteen vaccinators for its three million inhabitants. It is gratifying to know that the responsibility of such a proceeding as that of the St. Pancras guardians rests entirely upon themselves. There is no knowledge of human nature in such arrangements. And this is what is wanted, and will have to be forthcoming if the anti-vaccination feeling is to be overcome. Dr. MONTAGUE THOMAS spoke very sensibly when he argued that, if the poor and uneducated are to be induced to be vaccinated, it will only be by the personal influence of the medical men who advise them in all their ordinary sicknesses. All the silly cheap anti-vaccination literature of the day reaches these poor people; and the State would find it worth its while to give its Poor-law servants the duty of carrying out vaccination in the districts in which they labour. It is a secondary argument against such a course as that pursued by the St. Pancras guardians that it offends their medical officers. The serious objection to it is that it presents vaccination to the poor as a thing of mere compulsion, done by a strange doctor from a strange child, and without any of the social guarantees which educated people think essential in the case of the vaccination of their own children.

We should go further than merely allowing the Poor-law medical officers to act as public vaccinators under emergencies. It is a very doubtful policy that does not make them public vaccinators in the full sense of the word. Moreover, there is much to be said for trying the experiment of making all medical men public vaccinators who can show that they attend on an average 100 or more midwifery cases a year. Our own investigations prove that, despite the public arrangements, there are many such men vaccinating their own patients either gratuitously or for very little; and it would be wise to have the work of such vaccinators under scientific inspection. We shall be told that the supply of lymph cannot be maintained by such numbers. The contrary was alleged by the practitioners in large midwifery practice to whom we allude, and certainly several of these vaccinated throughout the year from arm to arm, and either quite continuously or with as little interruption and with as good a choice of lymph as we see at our public vaccination stations in other than panic times. The fact is that the supply of lymph can be increased to almost any extent by a man who is a trusted vaccinator of the people. He can multiply vesicles in healthy children in a way that would not be permitted to a stranger. At any rate nothing can be more complete than the break-down of the present arrangements. The extent of the epidemic has brought discredit either upon vaccination or the system by which it is administered. It is very easy to explain this by saying that inspectors have not been appointed. No doubt guardians have grievously neglected this duty; but more than mere inspectors are wanted. The personal influence of as many medical men as can be engaged consistently with regard for the arm-to-arm principle, is required. Such a system, with the further help of efficient inspectors, might fail; but it could scarcely fail so egregiously as the present system has failed.

Mr. FORSTER's words do not justify us in thinking that the deputation materially shook his confidence in the system which reduces to a minimum the number of public vaccinators. He contested the accuracy of Dr. ROGERS's figures in regard to Birmingham showing that under the old system of eight vaccinators, with 8817 births there were 7379 vaccinations from March, 1868, to March, 1869; under the new system of one vaccinator instead of eight, with 8573 births there were only 4187 vaccinations in the year; and in March, 1871, the vaccinations were 5365 to 8755. Mr.

FORSTER, on the contrary, quoted returns to show that the vaccinations under the new system had increased. We do not attempt to decide between these statistics, both sets of which profess to be official. Either Mr. FORSTER or Dr. ROGERS is wrong, and doubtless will be shown to be wrong. But even Mr. FORSTER's own figures might well cause him to doubt whether we have yet arrived at a perfect system of public vaccination, seeing that, according to these, in 1869 the births registered were 8602, and the vaccinations of children under one year were 4056, or less than half of the births; and in 1870 the births registered were 8158, and there were only 4850 vaccinations of children under one year. Regarding the question of public vaccination from a public point of view, we see no proof of the advantage of small numbers of vaccinators and of vaccination stations. Such is not the system either of Scotland or Ireland, two countries which are far ahead of England in this respect and in regard to the repression of small-pox. Lord BUCKHURST and other members of Parliament will do a great public service by closely criticising those provisions of Mr. FORSTER's Bill which are intended to increase the facilities for public vaccination, and by requiring changes in the Act likely to meet the convenience and remove the prejudices of the people.

THE effects of various substances on the blood, either when introduced into the stomach or more directly into the vessels themselves, afford a field of research that has hitherto not been very extensively cultivated, yet is one which, if carefully worked over, bids fair to yield interesting and valuable results in enabling some explanation to be given of the action of certain remedies both in health and disease. In the best and most recent works on materia medica we obtain but little more information than that certain metallic salts either directly or indirectly improve the quality of the blood, whilst others appear to deteriorate it; that mercury, for example, effects the destruction, whilst iron promotes the formation, of the red corpuscles. But we have few, if any, accounts of the changes occurring in the blood-corpuscles, in the living body, observable with the microscope after the administration of various substances, though the action of them out of the body is in some instances well known.

A paper has lately been read before the Medical Society of Victoria, by Mr. T. S. RALPH, in which, besides supplying recent information on this subject, he refers to former investigations of his own which we do not remember to have seen noticed, but which were read before the same Society five years ago; the title of the paper being "Observations and Experiments with the Microscope on the Effects of Prussic Acid on the Animal Economy." In this Mr. RALPH pointed out the specific or chemical action of that agent on the blood—viz., that the iron was laid hold of by the cyanogen, and the result was the formation of prussian blue, or some cyanic compound of iron. Accompanying this remarkable change was another, to which he also drew attention, that certain oval bodies, closely resembling starch grains, were formed; these bodies turning blue under the action of iodine, and polarising, were seen to form in the field of the microscope. In another series of experiments, in which ammonio-sulphate of copper was employed out of the body, Mr. RALPH showed that this salt prevents the egress of the solid portions of the red corpuscles, whilst at the same time it offers no obstacle to the entrance of magenta, which can pass in and colour them effectually. His present paper deals with the action of chloral on the blood in the living body. He holds with LIEBREICH that this substance, in its passage through the circulation, is decomposed by the alkaline salts of the blood into chloroform and either formyl or a formiate of some alkali; and he believes the action of the former to be considerably modified by the latter. He finds that hydrate of chloral, administered by the stomach or subcutaneously injected, gives rise to the production of bright-red or dark-red particles, masses, or globules in the blood. Starch bodies are likewise met with accompanying these changes. The urine also exhibits these bodies. Formic acid added to fresh blood also causes the production of dark-red globules and particles. Other experiments showed that similar effects were produced by lactic and prussic acids conjoined; and that variations occurred in the reactions of the corpuscles with different substances in correspondence with the alterations of the blood consequent on differences of food and drink. Mr. RALPH, therefore, concludes that just as we now test the condition of the urine in order to ascertain what is being eliminated from the body of a patient, so hereafter will the physician find it useful occasionally to test, by means of reagents, the condition of the blood of his patient in order to verify the character of some obscure symptoms.

Medical Annotations.

"Ne quid nimis."

THE PROFESSORSHIPS AT THE COLLEGE OF SURGEONS.

IN our last number we noticed the nominations made at the last meeting of the Council of the College of Surgeons to the professorships in the College, the election to which takes place at the annual meeting of the Council in July. We return to the subject in order to point out the unsatisfactory way in which this nomination is conducted, and to suggest an improvement in it.

At present no public notification is given of an approaching vacancy, and the members of Council themselves learn for the first time when the summons to the meeting reaches them, a few days before the day appointed, whether the present incumbents desire re-election or not. There is thus no time to select candidates who might have qualified themselves by special researches or investigations to occupy the professorial chairs with credit to themselves and their College, nor has any gentleman so qualified the opportunity of putting himself forward unless he should happen to enjoy the intimate acquaintance of a member of the Council. The result is that, though many members of the Council feel that the time of professional life which brings a surgeon on to the Council is not favourable to the composition of original lectures likely to interest the profession at large, yet the conservative spirit of the Council is so strong that efforts are always made to confine the professorship of Surgery at least to the members of the Council, who are positively thought to have shirked a duty when they decline (as many good men have done) to undertake duties

they have neither time nor inclination to perform satisfactorily.

In the early part of the century this restriction of the professorship (for at that time there was but one) to members of the Council was unknown; and thus Astley Cooper, Lawrence, Brodie, Green, and Charles Bell, were all professors long before they were councillors, and when they were in the full vigour of their work. Even later examples exist, however, and two present members of Council, Mr. Paget and Mr. Prescott Hewett, are instances of professors elected from outside the Council, and at an age when they were able to devote their best energies to the preparation of their lectures. The last six elections have been entirely confined to members of the Council; and though it would be invidious to say that there are no remaining members of that body who might worthily discharge the duties of the professorship, it appears to us that the time has come when a return to the old practice of electing from outside the Council might be advantageously adopted. At the same time we venture to press upon the Council the advisability of making some alteration in the method of nomination to all the professorships in their gift, so that public notice may be given of expected vacancies, and gentlemen who have really something to say may have the opportunity afforded them of saying it.

ELECTRO-THERAPEUTICS IN STRICTURE.

SOME of our readers may be aware that the application of the galvanic current to the solution of tumours, &c., has for some years occupied the attention of various practitioners, and in this country Dr. Althaus has been forward in his researches and investigations. The adaptation of the same means to the treatment of stricture of the urethra has been a question to which two French surgeons, MM. Mallez and Tripier, have given much study, and their essay on the subject gained the Argenteuil prize in 1869. We had, on Monday last, the opportunity of witnessing a demonstration of the method by M. Mallez upon a patient of Sir H. Thompson's in University College Hospital, and we propose to relate briefly what occurred, leaving all comment for a future occasion.

M. Mallez briefly explained his method to the assembled students, and laid great stress upon the fact that he relied upon the chemical effects produced by the contact of the negative pole with the tissue to be resolved, and not upon the caustic effect which would result from the application of the positive pole, or the approximation of the two poles. The battery employed was a very compact one, the elements being chloride of silver and zinc plates, and the agent a solution of chloride of zinc. This was readily controlled by handles, which brought more or less of the battery into action as required.

The patient was a young man, with a stricture about the bulb of the urethra admitting a No. 3 catheter with difficulty, and having also a fistula in perineo. The rheophore connected with the positive pole was strapped on the patient's thigh, and M. Mallez then introduced into the urethra a bougie containing a platinum wire, which was passed into the stricture. To this the negative pole of the battery was attached, and the action of the battery was kept up for some minutes. The patient experienced a slight uneasiness in the urethra at first, and subsequently a burning sensation in the thigh, but by no means severe. M. Mallez explained that ordinarily the application of the galvano-caustic gave rise to no hæmorrhage; but on this occasion some had been produced by the preliminary examinations he had been obliged to make on seeing the patient for the first time. He also said that usually no examination of the urethra was made for some days after the application of the galvanism, the effect of which continued for some time. On this occasion, however, for the sake of the demonstration, he would show the result by passing a bougie. This, it must be confessed, was the least satisfactory part of the performance, for a large bougie could not be introduced; and though subsequently Sir H. Thompson passed two or three instruments of increasing size, it would be difficult to distinguish the proceeding from one of ordinary mechanical dilatation. Still, as Sir H. Thompson very justly observed, an opinion must not be formed on one case, and he promised to give M. Mallez further opportunities of demonstrating his method of treatment.

THE ANTI-VACCINATION LEAGUE.

PROFESSOR F. W. NEWMAN and other less conspicuous members of the Anti-vaccination League have been giving expression, in the Lower-room, Exeter Hall, to their melancholy dissatisfaction with the conspiracy of Parliament, the Press, and the medical profession to uphold the Vaccination Acts. It is of little use for us to argue with Professor Newman, for he says doctors are regarded in this matter as learned fools. He says the people, in the matter of vaccination, are under a despotism; but it is a despotism of their own creating and upholding. The Vaccination law, he adds, makes it the duty of every man to see that his healthy children are made unhealthy. What a curious phenomenon—we are not retorting for the "learned fool" theory—but what a curious phenomenon is the reasoning of a crotchety intellect like Professor Newman's. Vaccination, it may be allowed, makes a child slightly unhealthy for a few days; but small-pox has lately been killing children by thousands—that is, for the most part, children that have not been subjected to the slight inconvenience of the sickness of vaccinia. Those whom it has not killed it has marked and maimed, and in some instances made blind, for life; and the sickness of the small-pox is long, and painful, and distressing. All the beneficial side of the bearing of the Vaccination Acts is forgotten, and they are represented as a despotic requirement of a parent to make his child unhealthy. Were it not that we have a great respect, despite his crotchets, for Professor Newman, we should consider there was something essentially unfair and unjust in this kind of representation. But we are plain people and learned fools, and joint conspirators with the legislature and the press generally to uphold the "system of despotism." What can be done for the relief of this crotchety league, with the people and the press and the legislature all against it, and determined to prefer vaccination to small-pox? As the facts cannot be altered, we fear there is no relief for them. Dr. Garth Wilkinson thinks we are an over-legislated-for people. Yet, verily, we have some liberties still that would be well replaced by laws. Law is not so great an evil as lawlessness. And Dr. Wilkinson will perhaps agree with us, if he thinks a little more on the matter, that we have more to fear in the way of anarchy and confusion from the spirit that is intolerant of law, and that would override it with crotchets and individual fancies, than from the law-abiding quality of Englishmen. The deaths that would happen if every man, woman, and child in the country were to be vaccinated or revaccinated to-morrow could be counted on the fingers of one hand, probably on the thumb. The deaths that would ere long happen if all vaccination legislation were completely abandoned would certainly be counted by thousands, implying misery, and pain, and poverty. If we cannot bear the dictation of law in such plain circumstances as these, we had better dispense with law and legislation altogether, and let every man

do that which is right in his own eyes. The only persons injured by the Vaccination laws are medical men. These laws are a cause of great pecuniary loss to the profession; nevertheless, we cheerfully acquiesce in the "despotism" which imposes them, and only regret that, from ignorance and the defects of medical science, our legislators are unable to impose a similar despotism in regard to scarlatina, typhus, phthisis, and all other deadly diseases. *Salus populi, &c.*

A MODEL BABY-FARM.

WE have recently paid a visit to a small establishment, called the Sophia Nursery. Two houses called St. John's Villas, situated in the North-end-road, Fulham (and readily accessible from the West Brompton station of the Metropolitan Railway), have been taken by a charitable and energetic lady, for the purpose of rearing children of from three months to two years of age, whose mothers might be driven by force of circumstances to "baby-farm" them on the old principle, with the usual results. This institution was opened on the 1st May last, and, at the time of our visit, there were ten infantine inmates. It is calculated to accommodate thirty children. There are two large day nurseries on the ground floor, and two dormitories of the same size on the upper floor, all of these rooms being furnished with light wire swing cots, very prettily, if not lavishly, furnished and ornamented. There is a distinct suite of rooms for the nurses, and the establishment possesses about half an acre of ground in the rear of the house. The rules indicate that infants are eligible for admission up to three months of age, and will, as a general rule, be retained for two years only; that the first children only of unmarried women will be received, and that a weekly sum proportionate to the amount earned by the mother will be charged for each child. All infants are subjected to a medical examination before admission; and, as far as we could judge, the discretion of those who have charge of the sanitary arrangements has been exercised well and wisely. Difficulties of various kinds, and notably those connected with the antecedents of the mothers, will of course occur. We do not profess to offer a solution of all these difficulties, and indeed it would be impossible to do so; but the cause is good, and the promoters invite criticism. Financial aid is of course required, but we recommend all interested in this question to pay a visit to the Sophia Nursery, and discuss the merits of the principle with its accomplished and energetic superintendent.

THE ENLISTMENT QUESTION.

MR. MCCULLAGH TORRENS is to be congratulated upon the result of the debate raised by him in the House of Commons on Monday night. The Government was compelled to acknowledge the force and justice of the reasoning of those who have contended that our army recruits are utterly unfit to withstand the effects of an Indian climate. The facts are incontrovertible, and for once the statements of military medical men were allowed to have some weight in a matter concerning which they must be the best judges. Still, according to an official return, the 54th Regiment, under orders for India, has 467 privates under twenty years of age, out of 815. The loose and unstatesmanlike manner in which the War Minister has sought to tinker up the defects of our army system is not calculated to raise the position of the present Government. A comprehensive scheme of military reorganisation still remains to be carried out. It is humiliating to us as Englishmen to think of what must be the effect produced on foreign nations by our recent attempts at army legislation. What the Duke of Wellington said sixty years ago remains true to the present day, for the Government of England has never taken a comprehensive view of the question of enlistment. There is no reason whatever why we should not take lads of seventeen or eighteen, provided it be with an understanding that we are not to expect physiological impossibilities. Youths cannot be made to undertake the exercises or undergo the fatigues of grown men. They must be retained at home, fed, trained, and not overworked, until they are physically fitted for soldiers. Recruiting surgeons, who know something of the opinions of the men that come before them, think that our whole system requires remodeling. The recruit is shrewd enough to know the value of a pension. Proper provision is not made for the reception and comfort of the men who come forward, to tempt a better class of recruits. There is no doubt, also, that if the connexion between the different regiments and militia corps and the counties or districts with which they were nominally associated were of a closer and more permanent character, the recruiting would be improved. We have on a former occasion suggested the expediency of utilising the youth of this country for our services to a greater extent than we do. In every large town or district there are parentless children, or children as good as parentless. They either become chargeable to the rates, or serve to swell the number of our criminal classes. Under a better system of Government they would be educated and supported by the State, and their services might be justly claimed and turned to account, with immense advantage to themselves and everybody else, in the national defensive forces. On physiological and hygienic considerations we regret, too, that a system of military drill is not commonly introduced into our schools, and the School Board was unwise, in our opinion, in rejecting that proposal when made.

GEORGE GROTE.

EDUCATION has lost one of its most enlightened and energetic promoters in the Vice-Chancellor of the University of London, who died on Sunday after a prolonged illness. Mr. Grote was peculiarly fitted by nature, by culture, and by upbringing, to develop the usefulness of such seats of learning as that over which he presided. Himself a scholar and publicist of the highest type, who owed nothing to the traditional systems of education in England, he brought to the administration of the University a mind untrammeled by early conformity to the old ideas and methods, perfectly free to recognise and adopt whatever improvement might be required in the academic curriculum, and animated by the one consideration to make the institution respond as far as possible to the wants of the professional public. His intellect was cultivated into the keenest sympathy with all departments of scientific and æsthetic knowledge. Classical antiquity, inductive research, moral and metaphysical speculation—all received from him not only the most appreciative recognition, but some of the most signal contributions ever rendered to them in this or any other age. His History of Greece is, in many important respects, the greatest work of the kind extant. His interpretation of the Platonic philosophy marks an era in the progress of speculation. His exposition of the Aristotelian system will remain as a *torso* to remind posterity of the loss they have sustained by the death which precluded its completion. In the less attractive, if equally important, departments of politics and finance, he was also a master; and had his life been spared but a few months he might have seen the final realisation of more than one idea of which he was, forty years ago, the solitary propounder. With such an animating spirit over her counsels, the London University could hardly fail to win her way to the front of academic institutions, taking the lead not only in

the catholicity of her curriculum, but also in the stringency of her examinations, and in the consequent value of her degrees. In every one of the faculties she has for some time upheld the most exalted standard of attainment; and in that of medicine particularly her degrees are regarded, by universal admission, as implying the deepest and most comprehensive measure of theoretical and practical proficiency. Mr. Grote, it should also be said, was as distinguished for geniality of soul and suavity of address, as he was for uncompromising love of truth and success in its prosecution. No man who ever came in contact with him but went away with the impression that a high-minded and pleasant-mannered gentleman, as well as a trenchant thinker and most accomplished *savant*, had declared himself. Rarely indeed has an intellect better fitted to guide been accompanied by a disposition better calculated to persuade; and in the loss of the Vice-Chancellor from whom she derived the benefit of such a combination of virtues, the London University commands the sympathy not only of the entire professional public, but of the world at large.

A resolution embodying the estimate of Mr. Grote, which we have but imperfectly succeeded in conveying, was proposed on Wednesday to the Senatus of the University by the Chancellor, Lord Granville, and unanimously adopted. At the request of many distinguished scholars, and men of science, literature, and affairs, the funeral of the deceased will be solemnised in Westminster Abbey to-day (Saturday) at half-past twelve o'clock.

WELLINGTON COLLEGE.

WE availed ourselves of an invitation to be present on Monday last at the speech day at Wellington College, and have to note, with great satisfaction, the evident desire on the part both of the governors and head-master to consider everything which is likely to maintain the high standard of salubrity for which the college is so justly celebrated. The defective arrangements for the isolation of infectious diseases, to which we ventured to draw the attention of the governors in our reports on public schools, have been improved by the liberality of his Grace the Duke of Wellington, vice-president of the college. A new wing, capable of accommodating some sixteen or twenty patients, is nearly completed. It is quite separate from the rest of the building, and the arrangements have received the special sanction of Mr. Prescott Hewett. The old building will also be improved by the removal of some objectionable corridors which impeded thorough ventilation.

We also understand that, in accordance with our suggestion, Professor Frankland has been invited to report upon the state of the ventilation in the dormitories, and we are promised a copy when his report shall have been laid before the governors. Dr. Benson stated that of 330 boys there was only one in hospital, and that he was fretting considerably because he was not permitted to infect the visitors with a very mild attack of measles.

It is satisfactory to note that the luxuriance of the college farm continues to attest the value of the sewage, and although we find the objectionable system of upward filtration still at work, there is not the slightest odour of a disagreeable character on the farm.

We observe that several new masters' houses have recently been built, and we infer that the number of scholars will be further increased. In that case we venture to think that some improvement in the urinals and latrines will be needed, and it may be desirable to consider whether they would not be better if removed somewhat further from the entrances to the dormitories. As we take much interest in the education imparted at Wellington, we may, in conclusion, add one suggestion more—viz., that the boys should be taught something of the laws of health and life. Latin, Greek, and mathematics are important enough in their way, but the grand object of all education must be continually kept in view—viz., the acquisition of a habit of self-control based upon a sound knowledge of the conditions of human life and happiness, and a determination to put it to the best use. It is surely unwise to leave out of the programme of study the conditions of a healthy life, and the warnings which may be obtained by studying the neglect of those conditions. Let Wellington College lead the van of public schools in teaching the elements of physiology and hygiene.

THORACIC DIAGNOSIS "SIXTY YEARS SINCE."

THE insight obtained into thoracic disease by percussion and auscultation is so familiar to practitioners of the present generation, that they can hardly realise how their immediate predecessors fared without it. Few physicians of this century have been gifted with more sagacity than Dr. Matthew Baillie; yet even *his* well inspired opinions, which he used to call his "guesses," would rank among the commonplaces of diagnosis in these days. An instance in point occurs in the new volume of Lord Brougham's autobiography. Francis Horner, the celebrated political economist and contributor to the *Edinburgh Review*, had been ill for some years, and had consulted many physicians in Edinburgh, in London, and in Paris, but without benefit. At last he called in Dr. Baillie, who "at once and very confidently" differed from all his brethren; but, on being asked his own opinion, confessed "the extreme uncertainty in which so obscure and difficult a case had left him, after repeated examination of all the symptoms." On being pressed, he gave as his surmise that it was one or other of two diseases, "so rare that he had seen only a case or two of the one, while of the other he had but a single example in his museum of morbid anatomy"; and he added that "unhappily there was no cure for either." When Vacca, at Pisa (where Horner died) opened the body, it was found that both the diseases existed. Lord Brougham entered the incident in his diary at the time, as an example of Baillie's skill. The "two diseases" were well-defined emphysema, with hepatisation.

THE ORDER OF THE BATH.

WE are glad to find that the protest we felt it our duty to make with respect to the exclusion of the Naval Medical Department from all participation in the honours conferred on the occasion of the Queen's birthday has produced the desired effect, and has led to the issue of a supplementary *Gazette* conferring honours upon four distinguished members of the service. The Director-General deserves the warmest thanks of his profession for having successfully fought the battle of his department against heavy odds, and we congratulate him on now sharing with his distinguished *confrères* honours most justly merited, though tardily obtained.

Sir Alexander Armstrong, K.C.B., M.D., is now placed on a footing equal with that of the head of the sister service, and the Admiralty may rest assured that no step could have been better calculated to promote the popularity of the naval medical service, and to show that zeal and energy in the performance of duty will meet with their just reward. Inspector-General Charles Abercromby Anderson, M.D., and Deputy Inspectors Richard Denton Mason and David Lloyd Morgan are the fortunate recipients of the military C.B., and all three gentlemen are fully worthy of the honours thus conferred upon them.

The same *Gazette* appoints Deputy Inspector-General William Campbell Maclean, M.D., Professor of Military

Medicine in the Army Medical School at Netley, to be a Companion of the Bath of the Civil Division. This also is a well-deserved honour, for Dr. Maclean's services at Netley have long merited recognition, and we are glad that the opportunity of doing so has been embraced by the War Office.

THE EPIDEMIOLOGICAL SOCIETY.

SEVERAL important changes have taken place in connexion with the Epidemiological Society. Inspector-General Lawson has been elected President in succession to Dr. Seaton. The selection of Mr. Lawson is a recognition of the ability and energy for honest hard work which he has brought to bear upon the study of epidemiology, as well as a compliment to the Army Medical Service. Dr. Waller Lewis has resigned the office of Treasurer, and been succeeded by Dr. Buchanan; and Mr. J. N. Radcliffe has, in like manner, been succeeded as Secretary by Dr. Corfield, Professor of Hygiene at University College. The Society cannot fail to regret the resignation of Mr. J. N. Radcliffe, after nine years' service as its Secretary. The Society and students of epidemiology generally owe far more to Mr. Radcliffe than he would care to admit; for he combines considerable powers of analysis and accuracy of judgment with zeal and patience in working out results, and he has, by his tact and sagacity as Secretary, rendered the Society a long and important series of services.

FACTORY SURGEONS.

WE are again treated by Mr. Alexander Redgrave, Inspector of Factories, in the half-yearly report by himself and his brother inspector Mr. Baker, just issued, to an attack upon the existing system of employing factory surgeons for reporting accidents, and fulfilling other important duties. This seems to have become a stock subject for his pen; but it so happens that Mr. Baker, in the remarks he ventures to make, completely answers Mr. Redgrave's objections, and establishes the necessity which exists for a still greater supervision of the factory hands by the medical practitioner. How does Mr. Redgrave sustain his objections? Chiefly by asserting that the obtaining of surgical certificates is still an annoyance to manufacturers, which we imagine is very likely to be the case if surgeons do their duty, and refuse to permit the employment of those who are too young, or physically unfit; also by ransacking reports of sub-inspectors and others, and dragging to light altogether exceptional circumstances, such as the receipt of a large salary by one surgeon, and the neglect of another, with the object of making these the basis of argument against the general system. The responsibility of these exceptional occurrences, however, in the cases of neglect, lies at the door of the very inspector who, had he done his duty, would have seen "that periodical visits were duly made," and the like.

Mr. Redgrave is anxious to see certificates made requisite only for children under thirteen years of age, and to be optional for persons between this age and sixteen, a certificate of birth being admissible for the latter class. But what says Mr. Baker to all this sop to the popularity of the manufacturers? That, after a lapse of thirty-seven years, he finds that we have accumulated fresh and telling evidence of the influence of "trade disease," especially upon the young, and that we are not justified in hastily or needlessly withdrawing one tittle of sanitary protection from workers in factories and workshops. The area of the danger has been greatly enlarged, moreover, by the extension of old and the addition of new trades, which have increased the demand for young children, so as to render it necessary "not only that the young should be examined primarily by the certifying surgeon as to age and physical fitness, but secondarily as to whether, under such expositions, they have suffered, and are still suffering, when they change from one place and kind of work to another." We entirely agree with Mr. Baker that the surgeon's certificate cannot be, as Mr. Redgrave says, compared with a birth certificate. Its character and object are wholly different; it is a certificate of appearance at a certain age and of physical fitness for a certain kind of work, and that the birth certificate, given under conditions which favour fraud, can never be.

THE CONTAGIOUS DISEASES ACTS.

MR. WILLIAM FOWLER has withdrawn his motion for the repeal of the Contagious Diseases Acts until the Report of the Royal Commission on the subject has been published. The majority of the Commission have determined, we understand, to recommend the abrogation of the legislative measures at present in force. It has been urged more than once that there is no necessity for any legislative interference with the view of restraining the spread of this class of diseases, and that the sufferers from them would be only too glad to seek medical aid for their recovery if such aid was procurable, to the requisite extent, at our civil hospitals. We wish that we could share in this opinion. In the first place, the subjects of such diseases are not always aware of their existence; and, in the second, we have no evidence that they would resort to our hospitals. We fear that the result would be very much what it has been at the Mauritius, where Lock wards were established in connexion with the civil hospital under the management of Sisters of Charity. Police notices, handbills, &c., as well as other means, were tried to induce women voluntarily to seek for treatment, but without effect.

SMALL-POX AFLOAT.

SOME days ago an Italian vessel arrived in the Thames, and hauled into the Millwall Dock, with several cases of small-pox on board. This dock is in the district of the Poplar Union, and, as we are informed, the duty of removing these seamen to one of the small-pox hospitals ultimately fell to the relieving officer. The parochial authorities are, not unnaturally, indignant that their officer should be burdened with this kind of work, simply because the authorities of the port of London do not choose to make any provision for the treatment of vessels that arrive in the river with cases of infectious diseases on board. We believe that the guardians of Poplar are likely to stir actively in the matter, for the Customs authorities have to explain the reason why the vessel was not detained at Gravesend. This is one among many instances that shows the necessity for the appointment of some regular medical authority for the port, to whom such cases should be at once referred, and who should be authorised to order and superintend the removal of the sick, the disinfection of the vessel, and, if necessary, her complete isolation from the rest of the shipping.

THE CHAIR OF SURGERY AT WESTMINSTER HOSPITAL.

OWING to the rapid promotion on the surgical side which has occurred at this hospital, some difficulty has been felt in the school with reference to the office of lecturer on Surgery. Mr. Holthouse, who has occupied that chair for many years, expressed his desire, at the conclusion of his last course, to be relieved from duties which, as every hospital surgeon knows, interfere seriously with more lucrative work. In this new difficulty the lecturers and

other teachers have made a unanimous appeal to Mr. Holthouse to continue with them for the present. We can hardly doubt that that gentleman, whose warm interest in both patients and pupils is known to all who know the hospital, will accede to the urgent request of his colleagues. It may be said with truth, and the fact cannot but have its influence with Mr. Holthouse himself, that the future of the Westminster Hospital School depends very much upon his answer.

GOVERNMENT INSPECTORS.

MR. GOLDNEY has moved for a detailed return of the number, names, and salaries of the inspectorial staff attached to the departments under the Privy Council, Home Office, Board of Trade, and Poor-law Board, with the dates of their appointments, their respective salaries and allowances, and the nature and extent of their work, together with an account of fees received in the Exchequer in respect of any such inspections. A return of this kind was made last session on the motion of Sir C. Adderley, but it would seem not to be sufficiently explicit upon some points for Mr. Goldney's purpose—whatever that may be. The reorganisation of the various branches of the Government inspectorate, and their consolidation upon a basis calculated to produce the maximum of efficiency, is obviously much needed, and the recommendations of the Royal Sanitary Commission in relation thereto should be carefully considered. It may not be unserviceable, perhaps, to point out to Mr. Goldney that he has omitted to include the inspectors attached to the Registrar-General's department in the return for which he has moved. A like omission is to be observed in Sir C. Adderley's return of last year, the cause of which is not apparent, seeing how large are the interests bound up with an efficient registration system. May we also suggest that the value of his return would be further enhanced for many purposes if Mr. Goldney would move for the addition of the qualifications, whether legal, medical, or otherwise, possessed by the several inspectors.

MR. NUMA HARTOG.

AMONG the victims to the defective enforcement of vaccination, and the consequent prevalence of the small-pox epidemic, is Mr. Numa Hartog, the Senior Wrangler for 1869, a young man of the highest promise, whose academic achievements were such as to bring into the strongest relief the hardship of those religious disqualifications which withheld from him the rewards he had so well merited. It was one of the services of his life to have reinforced the legislation that has removed University Tests. Let it equally result from his death that the inefficient administration which permits the most preventable of diseases to cost us such heavy sacrifices, will shortly be numbered among the things that were.

EXPOSURE OF SMALL-POX PATIENTS.

WE are very glad to perceive that Mr. Bruce, in reply to a question put by Mr. E. Turnor relative to the sale of milk in a shop by a person suffering from small-pox, has expressed an opinion to the effect that the Act should be amended as we pointed out last week. Dr. Aldis, the officer of health for St. George's, Hanover-square, deserves much credit for having directed public attention to the grave oversight committed by those who framed the present Act. Had it not been for his action in taking out a summons in this case, persons suffering from small-pox might, as far as the 35th section of the Sanitary Act of 1866 is concerned, have continued to spread the contagion of this disease to their customers with impunity.

MR. PAGET'S RESIGNATION.

WE are pleased to learn that advantage has been taken of the occasion of Mr. Paget's relinquishing the active duties of surgeon to St. Bartholomew's Hospital to give effect to a general feeling existing among his friends, colleagues, and pupils, that Mr. Paget's work in the hospital and school should now receive suitable recognition.

We believe that not only will Mr. Paget's friends and former pupils at a distance endorse this opinion, but that the profession at large will approve the movement now set on foot. We gladly draw attention to an advertisement in our columns. It will be seen that a committee is being formed, and that a subscription list has been opened already, to which Dr. Black is treasurer, and Mr. Willett and Mr. Langton are the honorary secretaries.

RAILWAY ACCIDENTS.

MR. CHICHESTER FORTESCUE'S Bill, now before the House of Commons, for amending the law relative to the inspection and regulation of railways, provides for the holding of inquiries into the causes of accidents by a Board of Trade inspector, and gives the Board power to appoint a person or persons "possessing legal or special knowledge," to assist the inspector. The inquiries are to be held in open court, and witnesses summoned are to be entitled to "such expenses as would be allowed to a witness attending on subpœna before a court of record." It may be hoped that the power so conferred on the Board of Trade will lead, as a matter of course, to calling in the aid of a competent medical assessor in all cases where conflicting medical testimony would be likely to arise.

MIDDLESEX HOSPITAL.

IT is considered probable that Mr. Henry Morris, surgical registrar to the hospital, will be elected to fill the vacancy caused by the migration of Mr. Henry Arnott to St. Thomas's, and Dr. Greenhow, who was some time since appointed an extra physician, will succeed Dr. Murchison as third physician. Should the Quarterly Court adopt the recommendation of the committee that Mr. Lawson be appointed a full surgeon, there will shortly be another vacancy in the surgical staff, which will probably present an open field for competition.

THE VACCINATION ACT (1867) AMENDMENT BILL.

THE Government have introduced a Bill for amending the laws relating to vaccination in accordance with the suggestions of the Select Committee which has lately reported on the subject. The main effect of the new measure is to give greatly enlarged administrative powers to the Poor-law Board, even to the extent of enabling them to alter all the forms scheduled in previous Acts, and to prescribe the area of districts, the number of officers, and the particular forms of contract to be entered into by every officer. The Bill is certain to undergo considerable discussion, and we shall defer our observations upon it until next week.

THE SANITARY STATE OF CHESTERFIELD.

THE sanitary state of this town is anything but satisfactory, if we may assume it to answer the description given of it by a correspondent recently in one of the local papers. There is a polluted river, defective drainage, and the town possesses no baths and wash-houses, and no cattle market. The Chesterfield Town Council should bestir itself. The river Rother ought no longer to be polluted by sewage,

which might easily be turned to account in irrigating land at a sufficient distance from the town to prevent its becoming a nuisance. Chesterfield, we believe, is prospering and increasing in population, and there is every reason, therefore, why the streets should not be turned into a cattle market, and some attention should be given to the subject of public wash-houses and baths.

THE REMOVAL OF KNIGHTSBRIDGE BARRACKS.

WE regret to hear that the removal of Knightsbridge Barracks has been indefinitely postponed. It seems that the Government have been unable to complete the arrangements for removal in consequence of a new project to include the demolition of other property, and some considerable alterations of the roadway, both of which improvements would require the co-operation of the Metropolitan Board of Works and special Act of Parliament. There is no time for legislation this session, and the excuse will doubtless result in squandering a considerable sum on a building which has been condemned, and must be removed ere long.

THE CENSUS.

THE census returns show the population of the United Kingdom to be 31,465,480; that of England is 22,704,108, of Scotland 3,358,613, and of Ireland 5,402,759. The increase since the census of 1861 has been at the rate of 13·1 per cent. in England, and 9·7 per cent. in Scotland; the Irish population has decreased 6·8 per cent. in the same interval, the flood of emigration having been very large.

AT the last meeting of the Liverpool guardians a letter was read from Dr. Barnes, one of the resident medical officers of the workhouse, praying for leave of absence, as he had been advised to try change of air for an ailment from which he is suffering, and which he had contracted in the discharge of his duties. It was resolved unanimously that Dr. Barnes should be granted leave of absence for six months, that his salary be continued during that time, and that a substitute be paid to take his duties.

WE would remind all those interested in Poor-law medical reform, that Mr. Corrance's notice of motion will come on for discussion possibly on the 23rd inst., but probably some time next week. As it is most desirable that that gentleman should be well supported, we hope that all those who have influence with members of Parliament will not fail to communicate with them directly, and urge their attendance.

THE Baly Medal—awarded to "the person who shall be deemed to have most distinguished himself in the science of physiology, especially during the two years immediately preceding the award"—has been adjudged to Dr. Lionel Beale, to whom it was presented at the conclusion of the Harveian Oration on Wednesday. Professor Owen was its last recipient.

DR. STEVENS, on the part of the Privy Council, takes grave exception to the state of Longton, in Staffordshire. Filthy slush covers the streets, and the houses are nearly as bad as those of Durham, which is saying a great deal. From 206 the small-pox cases in Longton rose last week to 243; the deaths from 11 to 17.

ACCORDING to the *Deutsche Post*, the wife of a miller named Preuss has been safely delivered of *four* healthy children, three girls and a boy. The mother and her small family are doing well, but we are not informed what the parents think of being in this manner *ter quaterque beati*.

DR. CHRISTISON, President of the Council of the Royal Society of Edinburgh, has addressed a memorial to the Royal Commission appointed to make inquiry as to scientific instruction, the advancement of science, and the aid thereto derived from Parliamentary grants.

DR. BARNES has been elected by the Society of Physicians of St. Petersburg its first honorary member.

THE OPENING OF ST. THOMAS'S HOSPITAL.

ON Wednesday Her Majesty the Queen opened the new hospital with all formality, and in the presence of a numerous and distinguished company specially invited for the occasion. Among them were the Archbishops of Canterbury and York, the Bishop of Winchester, Mr. Gladstone, Mr. Disraeli, the Lord Mayor, the Dean of Westminster, the Presidents of the Royal Colleges of Physicians and Surgeons, and many other personages of social or official distinction.

Her Majesty reached the hospital punctually at noon, accompanied by the Prince and Princess of Wales, the Duke of Edinburgh, the Princess Louise and the Marquis of Lorne, Prince Christian, the Princess Beatrice, the Prince and Princess of Teck, and the Duke of Cambridge. The Queen was received at the corridor entrance by a deputation of Governors, and was conducted by a procession to a dais in the entrance hall, where addresses were presented. The Royal party then left the hall, and proceeded by the main staircase to visit the chapel and wards in two of the pavilions, to which the Queen gave the names of the Victoria and Albert wards. The procession then returned to the hall, where a prayer was read by the Archbishop of Canterbury, and a hymn was sung by choristers, after which Mr. Bruce, in the name of her Majesty, declared the hospital open. A benediction was pronounced by the Archbishop; and then the Treasurer, being directed to kneel, received the honour of knighthood from the Queen's hand. This concluded the ceremonial, and the Royal party were conducted to their carriages by the main entrance. The senior physician, Dr. Peacock, the senior surgeon, Mr. Le Gros Clark, and the dean of the school, Dr. Barnes, represented the medical staff in the procession.

The old students' gift to the new hospital—a bust of Cheselden and one of Mead, by Mr. Weekes, R.A.—excited the interest of professional visitors.

Correspondence.

"Audi alteram partem."

DISSECTION POISONS.

To the Editor of THE LANCET.

SIR,—On reading the lecture on "Dissection Poisons" by Mr. Paget, published in your journal of May 27th, I sent to the author a few details of my own case, which seemed to confirm and illustrate some of his conclusions. These details Mr. Paget urged me to publish, "for the sake of the study of immunities, which are as necessary to be considered in pathology as are the liabilities to disease." I venture therefore, in accordance with this suggestion, to send you the following notes.

Fourteen years ago, when residing in King's College Hospital, and performing the duties of Pathological Registrar, I was constantly exposed to infection of all kinds, and made all the post-mortem examinations, often with cut fingers; but neither fever poisons nor the fluids of the dead body had any effect upon me.

After a holiday spent in the pure air of the coast I returned to my post in perfect health, and immediately, on the very day of my return, I got a dissection wound and caught scarlet fever. The right forefinger, which had been scratched, festered slightly, but the affection seemed purely

local. On the sixth day after return to hospital and exposure to infection, scarlatina symptoms appeared; next day there was much membranous exudation about the fauces, and great prostration of strength. The pustule on the finger, which had almost died away, now re-appeared, rapidly inflamed, the axillary glands became involved, and the whole arm erysipelatous. The exhaustion was so great that it was impossible to turn in bed without assistance, and I lost 21 lb. in weight in ten days.

Nitrate of silver was repeatedly applied to the fauces, the inflamed arm was kept in a warm bath, and, under good nursing and feeding, strength was soon regained, and in two or three weeks I returned to work, having no longer any seeming susceptibility to post-mortem or fever poisons.

My own personal experience seems therefore strikingly to illustrate Mr. Paget's statements. 1. That continued exposure to infection lessens liability to attack, but that on withdrawal from such exposure the liability returns. 2. That it is not always the most healthy who have the greatest immunity, but rather those who (although possibly in feeble health) are inured by previous exposure. 3. That dissection poisons produce their severe effects when the power of resistance is lowered, or when the organs are charged with some morbid product on which the poisons flourish and multiply.—I am, Sir, your obedient servant,

June 14th, 1871. E. SYMES THOMPSON.

THE CONSTANT CURRENT IN THERAPEUTICS.

To the Editor of THE LANCET.

SIR,—The recent debate at the Clinical Society, and the correspondence in your columns which has resulted therefrom, have raised an important question with regard to electro-therapeutics. In answer to Dr. Gull's request for some scientific basis for the use of the constant current, and for a better diagnosis of the cases in which it may be of benefit, permit me shortly to state the result of two years' observation, during which time I have employed electricity in a large number of very different affections. A record, with critical examination of the cases, is in preparation for publication.

In the relief and cure of pain there are two distinct effects produced by the application of the constant current to a suffering nerve. The first consists of an alteration of the nerve-state represented by pain, producing immediate relief. The duration of this effect depends entirely upon the nature of the cause which is producing the pain; sometimes lasting only some minutes, in others hours, while in a few it is at once permanent. The second action is restorative or tonic, whereby the nutrition of the nerve is so improved as to render it less vulnerable to the causes producing the pain-state.

Many cases of neuralgia are due to causes external to the nerve—in the blood, or in the tissues supplied by the nerve, or in some central relation to it. So long as these external causes are in action, an irritable state of the nerve is upheld, and the duration of the effect obtained by the electric current is in proportion to the activity of the exciting causes. Of the effect which the constant current may have upon these I do not at present speak.

But there are many other cases, where there continues, long after the primary cause has disappeared, a weakly condition of the nerve; it has never recovered its healthy state, and any slight disturbance of the system—cold, fatigue, &c.—is sufficient to renew the pain-state. Here the first action of the electricity is more lasting, but the second must likewise be called in before the effect is permanent—that is, a cure obtained.

Both faradic and voltaic electricity have the power of relieving pain; but the effect of the former is less lasting than that of the latter, because greatly inferior to it in its tonic effect, and the greater liability of fatiguing instead of invigorating the nerve by its use.

The effects above spoken of, rest on the double basis of clinical observation and experimental physiology. They are perfectly distinct, although the one may be the first step in the process of the other, but it only reaches part of the way. The mode of application of the current in the production of each is also different, and depends upon clearly established principles, without attention to which the result is not obtained. I cannot, however, enter upon the illustration of this part of the question.

What better basis could be desired to establish the scientific character of any therapeutic agent?

I have above alluded to only what I consider the thoroughly established point in the *modus operandi*. But it in no way exhausts the subject. Other effects are claimed for the agent, whereby it may act on the primary causes; such as its catalytic action, modifying the inflammatory process, promoting absorption, &c.; but these are points which still require investigation. There is no doubt, however, that there awaits a rich harvest for the present and future workers in this field of inquiry.

The *diagnosis* of the large class of pains which I have indicated can be successfully treated by voltaism, is not difficult. How often are patients sent to travel that they may establish their health and lose their pains on the way? How often is the whole series of tonics gone through in the vain attempt to reach a local weakness through the system in general? The great point is the recognition of the fact that the pain-state of a nerve may be readily excited long after the primary cause has ceased, and no greater aid to diagnosis exists than the constant current. Many a patient is still drugged with anti-rheumatic remedies for pains, when the rheumatic condition no longer exists. Many a poor woman is told, and treated accordingly, that her back pain is due to uterine irritation, which, true at one time, has long been false. And so on, and so on. Armed with the constant current, you have at once the means of correct diagnosis and the most direct and powerful agent for cure.—I am, Sir, your obedient servant,

Edinburgh, June 6th, 1871. WM. STEPHENSON.

To the Editor of THE LANCET.

SIR,—I am obliged for your copious comments on my letter. My intention was, not at all to enter into discussion with Dr. Anstie and Dr. Gull, but to point out that natural philosophy and medicine will, in course of time, confuse the term—one speaking of a constant *battery*, the other of a constant *current*. Dr. Anstie is wrong in calling Smee's battery constant, as I believe that term to be confined by electricians to batteries having equal action for a long time, the elements being constantly immersed.

I wish I could learn the constitution of Leclanche's battery. One I mounted myself failed, but I see that it is coming into use for bell and telegraph purposes. Can you tell me where the combination is fully described?

Yours sincerely,

CAREY PEARCE COOMBS, M.D. Lond.

Castle Cary, near Bath, June 12th, 1871.

*** Of course our correspondent is *technically* right about Foveaux's Smee's battery. But it is not improper to speak of the current delivered from it as constant; as, in fact, it produces all the specific effects of the constant current. We cannot, at the moment, assist Dr. Coombs about Leclanche's battery.—ED. L.

PIROGOFF'S OPERATION.

To the Editor of THE LANCET.

SIR,—Having recently visited the Shepton Mallett Hospital, I had an opportunity of seeing Mr. Samuel Craddock's cases of Pirogoff's amputation. I can fully confirm the account given by him in THE LANCET of June 10th, of the very satisfactory state of the stumps in these two cases. In both, the bones were firmly anchylosed, and the cushion covering the heel was plump and bore pressure well. Both patients were able to walk as well as if the whole foot had been left. The shortening in one (the man) was under an inch, and in the case of the woman very slightly, if at all, over an inch. Such results, though not invariably following this form of amputation, are certainly very encouraging, and are sufficient to make surgeons give the operation a preference over Mr. Syme's, in which the shortening must always be more considerable.

I may state, perhaps, that at the time of my visit to the Shepton Mallett Hospital there were two cases of traumatic tetanus in process of recovery. The symptoms had been

severe and well-marked in each. The treatment had consisted (1) in the hypodermic injection of morphia, with a minute proportion of sulphate of atropia ($\frac{1}{75}$ gr.); (2) in administering chloral hydrate whenever the spasms were severe; (3) in free purgation; (4) in good nourishing but non-stimulant diet. Mr. Samuel Craddock was strongly in favour of the combination of atropine with the morphia in these cases. He considered that vomiting was thus prevented; and in almost all cases he is in the habit of employing this combination whenever the hypodermic administration of morphia is indicated.

I am, Sir, your obedient servant,

W. SPENCER WATSON.

Henrietta-street, Cavendish-square, June 14th, 1871.

HOSPITAL ELECTIONS.

To the Editor of THE LANCET.

SIR,—In a leader published in a late number of your journal, condemning the system of electing medical officers of hospitals by the votes of governors, you referred to the recent appointment at the Surrey County Hospital as an instance of the viciousness of this system. I infer that you cite this instance on the sole authority of a letter published by the unsuccessful candidate in a local paper, in which it is implied that the election was decided, not so much by the professional claims of the two candidates, as by the active canvassing of the governors on behalf of the successful one.

As a member of the medical staff with the privileges of a governor, I was an attentive observer of the contest, and I can safely say that canvassing was as actively practised by the one side as by the other, and that Dr. Holland has no ground for assuming that the result would have been different if the selection had been made, as he would have it, by a committee assisted by professional members.

I voted for Mr. Charles Sells, because, in my judgment, as well as in that of some of my colleagues, his qualifications were of higher value; the only advantage which Dr. Holland could claim over him being that of age, and I believe it was a doubtful advantage. It was the feeling of a large number of the committee that Dr. Holland was too old for the appointment, as it would have placed him in a position inferior to that of at least one officer many years his junior, but the consideration which weighed even more strongly was, that the younger candidate possessed the advantage of a more modern education—an advantage which no one will dispute who knows the advances made within the last twenty years both in medical science and in the teaching of our medical schools.—I am, Sir, yours &.,

Guildford, June, 1871. HENRY TAYLOR.

Parliamentary Intelligence.

HOUSE OF LORDS.

JUNE 19.

VACCINATION.

Lord BUCKHURST moved for the appointment of a select committee to inquire into the present state of the law as regards vaccination, which reference to the causes which operate in preventing the carrying out of an efficient system of vaccination. There was a discrepancy between the returns of births and the returns of vaccination. In St. Pancras, with a population of 220,000, and an area of twenty square miles, there were only two vaccinators. Were the number of vaccinating officers increased, he held it would be found that want of opportunity more than prejudice was the cause of so many children escaping from the operation under the present system.

Earl DE GREY and RIPON, while admitting the importance of the subject, thought it undesirable to appoint a select committee at this late period of the session. He could assure the noble lord that the Privy Council were alive to the importance of the whole question, especially with reference to facilities being afforded for securing effectually the vaccination of all children. For the reasons he had urged, he trusted the noble lord would postpone his motion until the Bill came up from the House of Commons.

Lord BUCKHURST then withdrew his motion.

HOUSE OF COMMONS.

JUNE 20.

THE CASE OF MRS. DEXTER.

Mr. E. TURNOR asked the Secretary of State for the Home Department whether his attention had been called to the case of Mrs. Dexter, who was charged at the Westminster police-court on the 13th June with serving milk in her shop to customers while suffering herself from small-pox.

Mr. BRUCE said it seemed to him that an extension of the definition as to what was a public place within the meaning of the Act would be a very useful amendment.

THE CONTAGIOUS DISEASES ACT.

In answer to Mr. RYLANDS,

Mr. FOWLER said that, having regard to what he had seen in the papers, and what he had heard as to the progress made by the Royal Commission in their labours, he thought it would be more advantageous and more convenient to the House not to bring on his motion in favour of the repeal of the Act.

CHARITIES ETC. EXEMPTION BILL.

The adjourned debate on amendment to the motion for the second reading of this Bill was resumed by

Mr. MUNTZ, who asked the House, by reading this Bill a second time, to extend the exemption as formerly to all charitable institutions relying for support solely on voluntary subscriptions.

Mr. GOSCHEN was sorry that it was impossible for the Government to accept the motion of the hon. member. The motion was conceived in a benevolent spirit, but it was impracticable. The Government, in resisting it, had no wish to check the course of charity, but it could not be carried into effect without involving injustice.

Mr. DIXON thought there must be some misapprehension on this matter, or else it could not be said that there were so many difficulties in the way of effecting an arrangement which a few years ago was the law.

Mr. GLADSTONE said the Bill now before them was not so framed as to work a desirable alteration in the law. It would exempt endowed charities, or, in other words, these institutions would tax the community for their support. In this very Parliament, also, a resolution had been passed unanimously to place such institutions under the income tax law, a resolution which was inconsistent with the principle in this Bill.

On a division of the House, there was a majority of 48 against the Bill, which was therefore lost.

The Registration of Births Bill was read a second time.

Medical News.

ST. THOMAS'S HOSPITAL.—Dr. Murchison has been appointed physician, and Mr. Croft surgeon, to this hospital.

SIR DOMINIC CORRIGAN, Bart., M.P., has been elected Vice-Chancellor of the Queen's University in Ireland, in the room of the late Sir Maziere Brady.

DR. LUSH, M.P., will preside at the next house dinner of the Medical Club on Wednesday, the 5th proximo, at 7 P.M.

THE 6th of July being Commemoration-day of King's College, London, a sermon will be preached in the chapel at twelve o'clock, by the Rev. F. W. Farrar, after which the prizes will be distributed by his Grace the Archbishop of York.

CLARKE v. BUCHANAN.—This case, arising out of the sale of a medical practice at Staines, came before Mr. Justice Hannen, at Westminster, on Tuesday last, and was ordered to be referred to Dr. Baxter Langley as arbitrator, with full powers and costs at his discretion. The costs of the legal proceedings up to date to follow upon his award.

THE North London Consumption Hospital held its anniversary banquet on Wednesday at Willis's Rooms. The Marquis of Bute presided over a company of 100 ladies and gentlemen. Since its foundation in 1860, the hospital has admitted 40,000; and at present the weekly attendance of out-patients averages 700, while the number is rapidly increasing. Subscriptions at the close of the evening were announced to be between £600 and £700.

Births, Marriages, and Deaths.

BIRTHS.

FYFE.—On the 16th inst., at Montpelier-square, London, the wife of Andrew Fyfe, M.D., of a daughter.

GREEN.—On the 17th inst., at Settle, Yorks, the wife of Edwin S. Green, L.R.C.P., of a daughter.

GUNN.—On the 12th inst., at Aldershot, the wife of F. L. G. Gunn, L.F.P. & S. Glas., Surgeon 99th Regiment, of a son.

MANIFOLD.—On the 9th inst., at Edgbaston, near Birmingham, the wife of M. F. Manifold, F.R.C.S.E., L.K.Q.C.P.I., Staff Surgeon-Major Army, of a son.

MURRAY.—On the 14th inst., at Tenbury Wells, Worcestershire, the wife of Wm. B. Murray, M.D., of a son.

NOBLE.—On the 17th inst., at Kendal, the wife of S. C. Noble, M.R.C.S.E., of a daughter.

MARRIAGES.

BROOKES—ROBSON.—On the 13th inst., at St. Matthew's, Oakley-square, N.W., Robert Charles Brookes, Surgeon, eldest son of Chas. Brookes, Surgeon, of Westminster-bridge-road, Lambeth, to Frances, only daughter of the late Frederick Robson, Esq., of Ampthill-square, N.W.—No Cards.

COOKE—HOWARD.—On the 13th inst., at the Parish Church, Rodborough, Gloucestershire, Alfred S. Cooke, M.R.C.S.E., of Rowcroft, Stroud, to Margaret, youngest daughter of John Howard, Esq., of Walbridge, near Stroud.

HAY—LYON.—On the 8th inst., at the Church of the Holy Trinity, Southwark, London, Charles Black Hay, M.D., eldest son of the late Henry Hodgson Ogle Hay, M.D., of Sunderland, Durham, to Henrietta Elizabeth Lyon, eldest surviving daughter of William Lyon, Esq., of Guildford, Surrey.

RILEY—BEARLEY.—On the 14th inst., at the Parish Church, West Derby, J. St. P. Riley, Surgeon, of Sulford, to Emily, eldest daughter of J. Beazley, of Liverpool.

DEATHS.

BAKER.—On the 14th of Feb., at Auckland, New Zealand, Thomas F. Baker, M.R.C.S.E., of Eastfield House, Doncaster.

BLOOMFIELD.—On the 15th inst., at Coddenham, Suffolk, Chas. Bloomfield, M.D., aged 77.

DAUN.—On the 14th inst., R. Daun, M.D., Deputy Inspector-General of Hospitals, of Picardy-place, Edinburgh, aged 86.

GOWING.—On the 19th inst., W. G. Gowing, M.R.C.S.E., of Alfred-place West, Thurloe-square, aged 79.

HATFIELD.—On the 13th inst., R. B. Hatfield, M.B., of Cleveland-street, Fitzroy-square, aged 54.

MACEGAN.—On the 29th ult, by drowning, at Halifax, Nova Scotia, B. C. MacEgan, M.R.C.S.E., Surgeon "City of Durham" Steamer, Inman line.

SHAW.—On the 12th inst., at Liverpool, from typhus fever, contracted in the execution of his duties, Ollive Sims Shaw, M.R.C.S., aged 24.

Notes, Short Comments, and Answers to Correspondents.

CONSTITUTION OF BLOOD AND THE NUTRITION OF MUSCULAR TISSUE.

DR. WILLIAM MARCET, F.R.S., has recently been engaged in a very elaborate experimental inquiry into the constitution of blood and the nutrition of muscular tissue, and the results obtained form the subject of a paper to the Royal Society, of which an abstract has been recently published in its "Proceedings." It would be impossible in the restricted space at our command to afford even a brief detail of these results. The application of Graham's great discovery of the laws of liquid and gaseous diffusion has, in Dr. Marcet's language, thrown "a flood of light on very many physiological phenomena which had until now remained in darkness." The fact established by the whole of the investigation is, that there is a constant change, as rotation in nature, from crystalloids to colloids, and from colloids to crystalloids. The substances destined to nourish plants, being inanimate, must be diffusible, otherwise they could not be distributed throughout the mineral kingdom, and brought within the reach of plants. Vegetables transform into colloids the mineral substances destined for the food of animals, and it might be said that the locomotion of animals in some respects acts the same part as the diffusion of mineral substances; for animals move about in search of their colloid food, and crystalloid minerals are displaced by physical diffusion in search of the plants they are to nourish. The excretory products of animals are crystalloid and diffusible as far as these soluble constituents are concerned, the solid portions rapidly decomposing in contact with air and moisture into crystalloid compounds. Dead vegetable and animal tissue all return into crystalloids by decomposition, to be distributed afresh, either by gaseous or liquid diffusion, throughout the whole of the mineral world.

Mr. H. C. Boutflower.—We think it a pity to put the two objects in invidious comparison or competition. They should be aimed at together, and in one Bill. Our correspondent will see that this was the double aim of the Manchester Medico-Ethical Association, if he studies the subject a little more deeply than by merely reading the Manchester papers.

Mr. Gover, (Millbank.)—Fresh meat is undoubtedly more nutritious; but under the conditions of prison life the contents of the Australian tins are well worth a trial.

THE LOCAL GOVERNMENT ACT.

THE Twelfth Annual Report of the Local Government Act Office has just been issued as a parliamentary paper. We are fairly puzzled to know what is the use of this Report, which is, in no proper sense of the word, a Report at all, but just a mere index to the nature of the business transacted by the department during the year. Surely the administration of the Local Government Act must, even in a single year, be attended with some circumstances which would be interesting to record, and in a sanitary point of view might have important bearings. We know, as a matter of fact, that the able inspectors attached to the Office hold numerous inquiries yearly, and we know also that the reports which they make upon those inquiries are often exceedingly instructive in many respects; yet in that which professes to be a Report on the working of the Act, all the information given about such inquiries is the names of the places visited, and (in fewest possible words) the nature of the matters investigated. We learn from a paragraph on the fly-leaf of this Report (which, by the way, bears neither signature nor date) that "it is in the form which has been followed since the passing of the Local Government Act." All we have to say, then, is that the sooner the form is improved the better. We look for progress, not stagnation, in such matters.

Mr. Thos. Benham, (Blackfriars.)—We never give the names and addresses of physicians. Our correspondent must take the advice of his own medical attendant in the matter.

G. B. B.—Kreuznach or Ems will, we think, satisfy our correspondent's wants. Aix-la-Chapelle is also a good health resort.

VACCINATION IN IRELAND.

To the Editor of THE LANCET.

SIR,—You are probably aware that a deputation from the Council and of members of the Poor-law Medical Officers' Association waited on Mr. Forster last Saturday, the 17th, for the purpose of protesting against the policy of the Privy Council in urging on boards of guardians the summary dismissal of medical officers, and the consolidation of such large districts and areas as St. Pancras and Birmingham in the hands of a single vaccinator. In the course of the observations I made, I drew attention to the fact that every Poor-law dispensary in Ireland is a vaccination station; and, although they were so numerous, I had never heard that any particular difficulty existed as regards the supply of lymph, whilst the success of dispensary vaccination was complete, as proved by the statistics I quoted. At this stage I was interrupted by Mr. Simon, who stated that frequent applications were made from Ireland to the Privy Council for lymph. Considering that there might be some error here, as it was opposed to what I had from special inquiries been led to believe, on my return home I wrote to Mr. Banks, chief clerk of the Irish Commission, for information on the subject. I enclose his reply. I think, Sir, it bears out the general view I advanced, that the fault does not rest on the arrangements made by the Commissioners, and that which does exist arises from carelessness on the part of particular dispensary medical officers in not keeping up their supply—a neglect of duty not limited to Ireland alone.

I am, Sir, your obedient servant,

Dean-street, June, 1871. JOS. ROGERS.

Poor-law Commission Office, Dublin, June 20th, 1871.

DEAR SIR,—We have long been aware that applications were *occasionally* made by dispensary medical officers in Ireland to the National Vaccine Establishment in London for lymph. The Cow-pock Institution here does not supply lymph gratuitously; and though a very large proportion of the boards of guardians subscribe to that institution, thus entitling the medical officer to apply for lymph when required, they do not all do so; and in the instances in which they do not subscribe, the medical officer is driven to apply to London in case of any accidental failure of his own supply. These failures, however, we believe to be comparatively rare, and we never heard any complaint on the subject until within the last fortnight or three weeks, when the medical officer of the Privy Council brought a case under the Commissioners' notice, in which one of our medical officers had obtained lymph from London very frequently. On inquiry into the subject, the medical officer's excuse was that he could not keep up his supply himself, in consequence of the prejudices of the parents, who would not allow lymph to be taken from their children. The excuse was not accepted, and the medical officer was censured, as it is believed that when the medical officer makes proper arrangements, and uses ordinary exertions, an ample supply can always be kept up.

I am yours faithfully,

Dr. Rogers. R. BANKS.

LECTURES ON EXPERIMENTAL PHYSIOLOGY.

AT Dr. Rutherford's request, we have postponed the further publication of his lectures until September. These lectures will all appear during the current year.

Mr. S. F. Bagnall, (Preston.)—Our correspondent is thanked for his enclosure. We do not think it would be expedient to notice the occurrence referred to. Mr. Wilkinson's pamphlet on Hospital Expenditure was published by John Elliott, Titchbourne-street, Edgware-road. Rawlinson's Suggestions for Sewage-water and Gas Arrangements of Lunatic Asylums, at Knight's, Fleet-street.

EXTRACTION OF A LION'S TOOTH.

To the Editor of THE LANCET.

SIR,—I have been reading with amazement Dr. Adams's account of the extraction of a lion's tooth. Why did they not use chloroform? Years ago I had a formidable sow. Three butchers were employed to work her doom. Sounds of headlong strife, largely prolonged, drew me to the yard. The contending parties confronted each other, glaring; foam enwrapped the one, perspiration the other. A sponge, a walking-stick, and half an ounce of chloroform transmogrified the scene; anger and terror fled away. The butchers found the completion of their task a labour of love; and as for the other party, her end was peace.

Yours obediently,

Maidstone, June 17th, 1871. STEPHEN MONCKTON.

THE THERAPEUTICS OF SMALL-POX.

A CORRESPONDENT complains that, with all the discussion of the small-pox question, nothing is said about *treatment*. We ourselves have remarked upon this fact. It is due to the circumstance that there is no specific for the disease. Mild cases are treated almost on expectant principles, although effervescing salines are agreeable, if not beneficial. Cool and simple diet, such as milk and beef-tea, and a cool, fresh, airy apartment are the principal points in the therapeutics. Dr. Grieve, of the Small-pox Hospital at Hampstead, said that in bad cases large amounts of stimulants seem to do harm. For the sequelæ, quinine and good diet are to be recommended.

Dr. A. Matthew (Sick Children's Hospital, Edinburgh) will oblige by sending a copy of the diagram, with a view to determining the conditions of its insertion.

F. M. should consult his own medical adviser. We do not give advice.

THE TREATMENT OF GONORRHŒA BY WATER.

To the Editor of THE LANCET.

SIR,—In a letter published in your journal on the 13th of May, Dr. Philip Foster lays before the profession the successful results obtained by him in the treatment of gonorrhœa "by local means only." The method has the merit of simplicity as well as of success; but I would, with your permission, show that a still simpler mode of treatment may be adopted with the certainty of satisfactory results.

For a considerable time I have been in the habit of treating my cases of this affection—and we still get many of them in the army—with water injection only, and I do not recollect a single instance of failure where the system was adopted at the commencement of the disease, and employed throughout. I begin with injections of lukewarm water, continued till chordee and scalding cease, after which cold water is substituted, and continued till cure. My instructions are to use the injections freely once an hour during the day, and as often at night as the patient conveniently can without too much disturbance of his natural rest. I generally give a little saline mixture internally, so as to produce slight relaxation of the bowels; but do not consider this an essential part of the treatment, the principle of which is simply to keep the mucous membrane of the urethra clean, and as much as possible free from contact with its own unhealthy discharge. The cold water in the latter stages is a sufficient astringent.

My cases certainly get well in a shorter time than under any other system I have tried, and with fewer sequelæ. Epididymitis will rarely occur under this method of treatment, and, if fairly carried out, I believe that the disease would scarcely ever run on to gleet. Cubebs, copaiba, and the other unpleasant nostrums for gonorrhœa I have long ceased to employ.

In one very important respect my treatment is not so successful as Dr. Foster's—viz., in the rapidity of cure, the account of which, I confess, seems to me to be marvellous, if the number of his cases has been at all large; for though I have had a good many instances of complete recovery in a few days, the average duration of my cases has been much longer than his. I have no statistics by me as a guide, but believe that the average number of days occupied in treatment would be between ten and fourteen.

Another point in Dr. Foster's description—the invariable absence of "pain or inconvenience" when using injections containing "two grains of sulphate of zinc to one ounce of water,"—is totally at variance with my experience; for it was the pain occasionally caused in the inflammatory stage by cold-water injections that led to my using lukewarm water in the beginning of my treatment. In some cases I find that even the lukewarm water causes pain, which ceases, however, after a few injections.

Your obedient servant,
Trowbridge, June, 1871. H. F. PATERSON, M.D., Royal Artillery.

P. F. J. is entitled to his fee in the second case. In the first case, too, perhaps he is also, strictly speaking, entitled to the fee. But the title is not clear, as, being liberated from the engagement a month before the time it would be likely to hinder his movements, the engagement practically cost him no inconvenience. The behaviour of the patient, if premeditated, was highly discreditable.

Mr. Chas. A. Etches, (Helperby, York.)—We think that our correspondent could not do better than consult a little work, the Handy Book of Cottage Hospitals, by Dr. Horace Swete, published by Hamilton, Adams, and Co., Paternoster-row.

M. O. H.—There is no separate work treating of the subject. It is well handled in Prof. Parkes's volume on Hygiene (published by Churchill), which is a very useful one for officers of health; and in a paper by the same authority in the last volume of the Army Medical Department Blue-book.

THE CONTAGIOUS DISEASES ACTS.

To the Editor of THE LANCET.

SIR,—It is very unfortunate for Dr. C. Bell Taylor and those of his way of thinking on the Contagious Diseases Acts that "Nowshera," quoted in his letter published in THE LANCET of June 10th as affording a most convincing proof of the inutility of these Acts, is really the best protected station I know of by the principle of the Acts, although without their actual intervention, which is unnecessary. The bazaar there is within the limits of the cantonment, and under the surveillance of the regimental authorities. A native woman has charge of the women in the bazaar, and is responsible for their cleanliness. The small number of admissions for venereal diseases proves how well she performs her duty, not an easy one.

A similar reason would probably account for the freedom of Landour and Dassai (Dugshai?). The number of admissions into hospital in the 77th Regiment in 1861 was 534 (75 in the month of July). By the intervention of a Female Lock Hospital and the carrying out of the principle of these Acts in a very imperfect manner, the admissions in 1862 were 124 (in the month of September, 1), many of the admissions this year being secondary cases. In 1863, on going to a station where a Lock Hospital could not be managed, the admissions were 378. I can vouch for these figures.

I am, Sir, yours, &c.,
Portsmouth, June 15th, 1871. F. HOLTON, A.B., M.B., Staff Surgeon; late 77th Regt.

Dr. E. Haughton.—Our correspondent's letter was well fitted for the anti-vaccination meeting, but not for our columns. Not to mention other objections unworthy, as we think, of one who has the means of forming a scientific judgment on the matter, we cannot attach importance to a writer's views who sees in the present Vaccination Act "a gigantic bribe," warping the whole profession and the whole medical press. The public vaccinators are a very small section of the profession; and if money consideration weighed with a "noble" profession, it would prefer small-pox to vaccination.

OUR attention has been called to a paragraph in the *Staffordshire Sentinel* for the 17th instant, headed "Remarkable Case of Medical Skill," in which reference is made to the case of a child at Hanley, who had swallowed a halfpenny that became lodged in the pharynx. A surgeon in the locality succeeded, it appears, in removing the coin after some other practitioners had failed. The only remarkable thing about the case is its forming the subject of a newspaper paragraph at all. It is not to be supposed that the gentleman whose name figures as exhibiting remarkable skill on this occasion could have approved of its having been used in this way.

Mr. Donald Macrae, (Liverpool.)—Such cases would be obviated by THE LANCET Medical Bill: a measure which sufferers from such practices as our correspondent complains of should do their best to promote.

ROYAL MEDICAL BENEVOLENT COLLEGE.

To the Editor of THE LANCET.

SIR,—I was pleased to read the letter of your correspondent, "One who wishes Charity to be more than a Name." I have heard many complaints of the present mode of election at the Medical Benevolent College. I have subscribed for a few years to the institution, and generally have given my votes to those who have *not* canvassed. I need hardly say that those votes have been given in vain, the two candidates for whom I have more especially voted being too poor (although most deserving cases) to issue any canvassing-papers. No sooner is one election over (and I may here state that I have received no notification of the result of the last election on the 24th of May) than canvassing-papers are again in the field, two having arrived at my house already.

If the suggestion of your correspondent is carried into effect—namely, "to make canvassing a *disqualification*,"—the really deserving candidate will have a chance, and I am satisfied the funds of the College will be increased. Individually I intend to forward no more subscriptions so long as the present system is carried out—a feeling in which many of my subscribing friends entirely coincide.

Yours truly,
Scarborough, June 20th, 1871. J. W. TAYLOR, M.D.

D. Y., (Windsor.)—It would be impossible to fix a definite period, in consequence of the lymph being liable to be affected by conditions of temperature, climate, &c. It will occasionally preserve its qualities for a long period. But why does not our correspondent employ capillary tubes instead of points? Vaccine lymph can be preserved in this form for a very long time, and still remain effective.

A CORRESPONDENT asks whether Mr. Hancock's Lectures on the Surgery of the Foot, delivered at the Royal College of Surgeons, and published in THE LANCET, are likely to reappear in a separate form?

Mr. J. H. Colston has our thanks.

Mr. F. W. Wright (Leeds) may procure the publication through any bookseller of Brighton, where it first saw the light.

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